1040-SR Tax Return Summary **2024**

Taxpayer

JESUS VILLARREAL
XXX-XX-3259

2957 L ST
San Diego, CA 92102

2024 Federal Return Information

Prepared: 01-27-2025

Filing Status:		**Single**
Wages, Salaries, Tips, etc.:	**$**	**46,825**
Total Income:	**$**	**21,343**
Total Adjustments:	**$**	**0**
Adjusted Gross Income:	**$**	**21,343**
Total Deductions:	**$**	**16,550**
QBI Amount:	**$**	**0**
Taxable Income:	**$**	**4,793**
Tax (before credits):	**$**	**478**
Total Non-Refundable Credits:	**$**	**478**
Tax (after credits):	**$**	**0**
Earned Income Credit:	**$**	**0**
Total Payments, Refundable Credits:	**$**	**5,653**
Amount You Overpaid:	**$**	**5,653**
Your Tax Refund:	**$**	**5,653**
Refund You Applied to 2025:	**$**	**0**
Amount of Tax Owed (balance due):	**$**	**0**
Tax Rate (percentage):		**10**

State Return Information

Resident State: CA

State	AGI	Taxable Income	Tax	Refund	Balance Due
CA	**$ 17,616**	**$ 12,076**		**$ 1,303**	

Form **1040-SR** Department of the Treasury-Internal Revenue Service **U.S. Income Tax Return for Seniors** **2024** OMB No. 1545-0074 IRS Use Only-Do not write or staple in this space.

For the year Jan. 1–Dec. 31, 2024, or other tax year beginning _____, 2024, ending _____, 20 _____ See separate instructions.

Your first name and middle initial	Last name	Your social security number
JESUS	VILLARREAL	564-13-3259
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions. Apt. no.
2957 L ST

City, town, or post office. If you have a foreign address, also complete spaces below. State ZIP code
San Diego CA 92102

Foreign country name | Foreign province/state/county | Foreign postal code

Presidential Election Campaign Check here if you, or your spouse if filing jointly, want $3 to go to this fund. Checking a box below will not change your tax or refund. ☐ You ☐ Spouse

Filing Status

Check only one box.

☒ Single ☐ Married filing jointly (even if only one had income) ☐ Married filing separately (MFS)
☐ Head of household (HOH) ☐ Qualifying surviving spouse (QSS)
If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent: _____
☐ If treating a nonresident alien or dual-status alien spouse as a U.S. resident for the entire tax year, check the box and enter their name (see instructions and attach statement if required): _____

Digital Assets

At any time during 2024, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) . . . . . ☐ Yes ☒ No

Standard Deduction

Someone can claim: ☐ You as a dependent ☐ Your spouse as a dependent
☐ Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness
You: ☒ Were born before January 2, 1960 ☐ Are blind
Spouse: ☐ Was born before January 2, 1960 ☐ Is blind

Dependents

(see instructions): If more than four dependents, see instructions and check here ☐

(1) First name Last name	(2) Social security number	(3) Relationship to you	(4) Check the box if qualifies for (see instructions): Child tax credit	Credit for other dependents
			☐	☐
			☐	☐
			☐	☐
			☐	☐

Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a Form W-2, see instructions.

1a	Total amount from Form(s) W-2, box 1 (see instructions)	1a	46,825
b	Household employee wages not reported on Form(s) W-2	1b	
c	Tip income not reported on line 1a (see instructions)	1c	
d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)	1d	
e	Taxable dependent care benefits from Form 2441, line 26	1e	
f	Employer-provided adoption benefits from Form 8839, line 29	1f	
g	Wages from Form 8919, line 6	1g	
h	Other earned income (see instructions)	1h	
i	Nontaxable combat pay election (see instructions) 1i		
z	Add lines 1a through 1h	1z	46,825

Attach Schedule B if required.

2a	Tax-exempt interest	2a		b Taxable interest	2b	
3a	Qualified dividends	3a		b Ordinary dividends	3b	
4a	IRA distributions	4a		b Taxable amount	4b	
5a	Pensions and annuities	5a		b Taxable amount	5b	
6a	Social security benefits	6a	29,675	b Taxable amount	6b	3,727

c If you elect to use the lump-sum election method, check here (see instructions) ☐

	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here ☐	7	
	8	Additional income from Schedule 1, line 10	8	(29,209)
	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your **total income**	9	21,343
	10	Adjustments to income from Schedule 1, line 26	10	0
	11	Subtract line 10 from line 9. This is your **adjusted gross income**	11	21,343
Standard Deduction See *Standard Deduction Chart* on the last page of this form.	12	**Standard deduction or itemized deductions** (from Schedule A)	12	16,550
	13	Qualified business income deduction from Form 8995 or Form 8995-A	13	
	14	Add lines 12 and 13	14	16,550
	15	Subtract line 14 from line 11. If zero or less, enter -0-. This is your **taxable income**	15	4,793
Tax and Credits	16	**Tax** (see instructions). Check if any from: **1** ☐ Form(s) 8814 **2** ☐ Form(s) 4972 **3** ☐ _____	16	478
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	478
	19	Child tax credit or credit for other dependents from Schedule 8812	19	
	20	Amount from Schedule 3, line 8	20	478
	21	Add lines 19 and 20	21	478
	22	Subtract line 21 from line 18. If zero or less, enter -0-	22	0
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	
	24	Add lines 22 and 23. This is your **total tax**	24	0
Payments	25	Federal income tax withheld from:		
	a	Form(s) W-2 — 25a: 4,672		
	b	Form(s) 1099 — 25b:		
	c	Other forms (see instructions) — 25c:		
	d	Add lines 25a through 25c	25d	4,672
	26	2024 estimated tax payments and amount applied from 2023 return	26	
If you have a qualifying child, attach Sch. EIC.	27	Earned income credit (EIC) — 27:		
	28	Additional child tax credit from Schedule 8812 — 28:		
	29	American opportunity credit from Form 8863, line 8 — 29: 981		
	30	Reserved for future use — 30:		
	31	Amount from Schedule 3, line 15 — 31:		
	32	Add lines 27, 28, 29, and 31. These are your **total other payments and refundable credits**	32	981
	33	Add lines 25d, 26, and 32. These are your **total payments**	33	5,653

Refund

34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you **overpaid** **34** **5,653**

35a Amount of line 34 you want **refunded to you.** If Form 8888 is attached, check here . . . . . ☐ **35a** **5,653**

Direct deposit? See instructions.

b Routing number 291471024 **c** Type: ☒ Checking ☐ Savings

d Account number 225410056413325 97

36 Amount of line 34 you want **applied to your 2025 estimated tax** **36**

Amount You Owe

37 Subtract line 33 from line 24. This is the **amount you owe.** For details on how to pay, go to *www.irs.gov/Payments* or see instructions **37** **0**

38 Estimated tax penalty (see instructions) **38**

Third Party Designee

Do you want to allow another person to discuss this return with the IRS? See instructions . . . . . ☐ **Yes.** Complete below. ☒ **No**

Designee's name | Phone no. | Personal identification number (PIN)

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
12345	**01-28-2025**	**WORKER**	
Spouse's signature. If a joint return, **both** must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)

Joint return? See instructions. Keep a copy for your records.

Phone no. **619-709-0567** | Email address

Paid Preparer Use Only

Preparer's signature	Date	PTIN	Check if: ☐ Self-employed
Preparer's name			Phone no.
Firm's name			
Firm's address			Firm's EIN

SCHEDULE 1 (Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

Attach to Form 1040, 1040-SR, or 1040-NR.

Go to *www.irs.gov/Form1040* for instructions and the latest information.

OMB No. 1545-0074

2024

Attachment Sequence No. **01**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR
JESUS VILLARREAL

Your social security number
564-13-3259

For 2024, enter the amount reported to you on Form(s) 1099-K that was included in error or for personal items sold at a loss . . . . . .

Note: The remaining amounts reported to you on Form(s) 1099-K should be reported elsewhere on your return depending on the nature of the transaction. See www.irs.gov/1099k.

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes			**1**	
2a	Alimony received			**2a**	
b	Date of original divorce or separation agreement (see instructions):				
3	Business income or (loss). Attach Schedule C			**3**	**(29,209)**
4	Other gains or (losses). Attach Form 4797			**4**	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E			**5**	
6	Farm income or (loss). Attach Schedule F			**6**	
7	Unemployment compensation			**7**	
8	Other income:				
a	Net operating loss	**8a**	( )		
b	Gambling	**8b**			
c	Cancellation of debt	**8c**			
d	Foreign earned income exclusion from Form 2555	**8d**	( )		
e	Income from Form 8853	**8e**			
f	Income from Form 8889	**8f**			
g	Alaska Permanent Fund dividends	**8g**			
h	Jury duty pay	**8h**			
i	Prizes and awards	**8i**			
j	Activity not engaged in for profit income	**8j**			
k	Stock options	**8k**			
l	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	**8l**			
m	Olympic and Paralympic medals and USOC prize money (see instructions)	**8m**			
n	Section 951(a) inclusion (see instructions)	**8n**			
o	Section 951A(a) inclusion (see instructions)	**8o**			
p	Section 461(l) excess business loss adjustment	**8p**			
q	Taxable distributions from an ABLE account (see instructions)	**8q**			
r	Scholarship and fellowship grants not reported on Form W-2	**8r**			
s	Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d	**8s**	( )		
t	Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan	**8t**			
u	Wages earned while incarcerated	**8u**			
v	Digital assets received as ordinary income not reported elsewhere. See instructions	**8v**			
z	Other income. List type and amount:	**8z**			
9	Total other income. Add lines 8a through 8z			**9**	
10	Combine lines 1 through 7 and 9. This is your **additional income.** Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8			**10**	**(29,209)**

Part II Adjustments to Income

11	Educator expenses			11	
12	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106			12	
13	Health savings account deduction. Attach Form 8889			13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903			14	
15	Deductible part of self-employment tax. Attach Schedule SE			15	
16	Self-employed SEP, SIMPLE, and qualified plans			16	
17	Self-employed health insurance deduction			17	
18	Penalty on early withdrawal of savings			18	
19a	Alimony paid			19a	
b	Recipient's SSN				
c	Date of original divorce or separation agreement (see instructions):				
20	IRA deduction			20	
21	Student loan interest deduction			21	
22	Reserved for future use			22	
23	Archer MSA deduction			23	
24	Other adjustments:				
a	Jury duty pay (see instructions)	24a			
b	Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit	24b			
c	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m	24c			
d	Reforestation amortization and expenses	24d			
e	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e			
f	Contributions to section 501(c)(18)(D) pension plans	24f			
g	Contributions by certain chaplains to section 403(b) plans	24g			
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)	24h			
i	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations	24i			
j	Housing deduction from Form 2555	24j			
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	24k			
z	Other adjustments. List type and amount:	24z			
25	Total other adjustments. Add lines 24a through 24z			25	
26	Add lines 11 through 23 and 25. These are your **adjustments to income.** Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10			26	0

SCHEDULE 3
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Credits and Payments

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to *www.irs.gov/Form1040* for instructions and the latest information.

OMB No. 1545-0074

2024

Attachment Sequence No. **03**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR
JESUS VILLARREAL

Your social security number
564-13-3259

Part I Nonrefundable Credits

1	Foreign tax credit. Attach Form 1116 if required			1	
2	Credit for child and dependent care expenses from Form 2441, line 11. Attach Form 2441			2	
3	Education credits from Form 8863, line 19			3	478
4	Retirement savings contributions credit. Attach Form 8880			4	
5a	Residential clean energy credit from Form 5695, line 15			5a	
b	Energy efficient home improvement credit from Form 5695, line 32			5b	
6	Other nonrefundable credits:				
a	General business credit. Attach Form 3800	6a			
b	Credit for prior year minimum tax. Attach Form 8801	6b			
c	Adoption credit. Attach Form 8839	6c			
d	Credit for the elderly or disabled. Attach Schedule R	6d			
e	Reserved for future use	6e			
f	Clean vehicle credit. Attach Form 8936	6f			
g	Mortgage interest credit. Attach Form 8396	6g			
h	District of Columbia first-time homebuyer credit. Attach Form 8859	6h			
i	Qualified electric vehicle credit. Attach Form 8834	6i			
j	Alternative fuel vehicle refueling property credit. Attach Form 8911	6j			
k	Credit to holders of tax credit bonds. Attach Form 8912	6k			
l	Amount on Form 8978, line 14. See instructions	6l			
m	Credit for previously owned clean vehicles. Attach Form 8936	6m			
z	Other nonrefundable credits. List type and amount: _____	6z			
7	Total other nonrefundable credits. Add lines 6a through 6z			7	
8	Add lines 1 through 4, 5a, 5b, and 7. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20			8	478

Part II Other Payments and Refundable Credits

9	Net premium tax credit. Attach Form 8962			9	
10	Amount paid with request for extension to file (see instructions)			10	
11	Excess social security and tier 1 RRTA tax withheld			11	
12	Credit for federal tax on fuels. Attach Form 4136			12	
13	Other payments or refundable credits:				
a	Form 2439	13a			
b	Section 1341 credit for repayment of amounts included in income from earlier years	13b			
c	Net elective payment election amount from Form 3800, Part III, line 6, column (j)	13c			
d	Deferred amount of net 965 tax liability (see instructions)	13d			
z	Other refundable credits (see instructions): _____	13z			
14	Total other payments or refundable credits. Add lines 13a through 13z			14	
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 31			15	0

SCHEDULE C (Form 1040)

Department of the Treasury
Internal Revenue Service

Profit or Loss From Business

(Sole Proprietorship)

Attach to Form 1040, 1040-SR, 1040-SS, 1040-NR, or 1041; partnerships must generally file Form 1065.

Go to *www.irs.gov/ScheduleC* for instructions and the latest information.

OMB No. 1545-0074

2024

Attachment Sequence No. **09**

Name of proprietor	Social security number (SSN)
JESUS VILLARREAL	564-13-3259

A Principal business or profession, including product or service (see instructions)
RESIDENTIAL CONSTRUCTION

B Enter code from instructions
236100

C Business name. If no separate business name, leave blank.
construction

D Employer ID number (EIN) (see instr.)

E Business address (including suite or room no.) 2957 L ST

City, town or post office, state, and ZIP code San Diego, CA 92102

F Accounting method: **(1)** [X] Cash **(2)** [ ] Accrual **(3)** [ ] Other (specify)

G Did you "materially participate" in the operation of this business during 2024? If "No," see instructions for limit on losses . . . [X] Yes [ ] No

H If you started or acquired this business during 2024, check here . . . . . [X]

I Did you make any payments in 2024 that would require you to file Form(s) 1099? See instructions . . . . . [ ] Yes [X] No

J If "Yes," did you or will you file required Form(s) 1099? . . . . . [ ] Yes [ ] No

Part I Income

1	Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked [ ]	1	2,901
2	Returns and allowances	2	0
3	Subtract line 2 from line 1	3	2,901
4	Cost of goods sold (from line 42)	4	
5	**Gross profit.** Subtract line 4 from line 3	5	2,901
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7	**Gross income.** Add lines 5 and 6	7	2,901

Part II Expenses. Enter expenses for business use of your home **only** on line 30.

8	Advertising	8		18	Office expense (see instructions)	18	
9	Car and truck expenses (see instructions)	9		19	Pension and profit-sharing plans	19	
10	Commissions and fees	10		20	Rent or lease (see instructions):		
11	Contract labor (see instructions)	11		a	Vehicles, machinery, and equipment	20a	
12	Depletion	12		b	Other business property	20b	12,000
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21	Repairs and maintenance	21	5,490
14	Employee benefit programs (other than on line 19)	14		22	Supplies (not included in Part III)	22	14,620
15	Insurance (other than health)	15		23	Taxes and licenses	23	
16	Interest (see instructions):			24	Travel and meals:		
a	Mortgage (paid to banks, etc.)	16a		a	Travel	24a	
b	Other	16b		b	Deductible meals (see instructions)	24b	
17	Legal and professional services	17		25	Utilities	25	
				26	Wages (less employment credits)	26	
				27a	Other expenses (from line 48)	27a	
				b	Energy efficient commercial bldgs deduction (attach Form 7205)	27b	

28	**Total expenses** before expenses for business use of home. Add lines 8 through 27b	28	32,110
29	Tentative profit or (loss). Subtract line 28 from line 7	29	(29,209)
30	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions. **Simplified method filers only:** Enter the total square footage of (a) your home: _____ and (b) the part of your home used for business: _____ . Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30	
31	**Net profit or (loss).** Subtract line 30 from line 29. • If a profit, enter on both **Schedule 1 (Form 1040), line 3,** and on **Schedule SE, line 2.** (If you checked the box on line 1, see instructions.) Estates and trusts, enter on **Form 1041, line 3.** • If a loss, you **must** go to line 32.	31	(29,209)
32	If you have a loss, check the box that describes your investment in this activity. See instructions. • If you checked 32a, enter the loss on both **Schedule 1 (Form 1040), line 3,** and on **Schedule SE, line 2.** (If you checked the box on line 1, see the line 31 instructions.) Estates and trusts, enter on **Form 1041, line 3.** • If you checked 32b, you **must** attach **Form 6198.** Your loss may be limited.	32a [X] All investment is at risk. 32b [ ] Some investment is not at risk.	

Form **8863**

Department of the Treasury
Internal Revenue Service

Education Credits (American Opportunity and Lifetime Learning Credits)

Attach to Form 1040 or 1040-SR.

Go to *www.irs.gov/Form8863* for instructions and the latest information.

OMB No. 1545-0074

2024

Attachment Sequence No. **50**

Name(s) shown on return

JESUS VILLARREAL

Your social security number

564-13-3259

! CAUTION *Complete a separate Part III on page 2 for each student for whom you're claiming either credit before you complete Parts I and II.*

Part I Refundable American Opportunity Credit

1	After completing Part III for each student, enter the total of all amounts from all Parts III, line 30			1	2,453
2	Enter: $180,000 if married filing jointly; $90,000 if single, head of household, or qualifying surviving spouse	2	90,000		
3	Enter the amount from Form 1040 or 1040-SR, line 11. But if you're filing Form 2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for the amount to enter instead	3	21,343		
4	Subtract line 3 from line 2. If zero or less, **stop;** you can't take any education credit	4	68,657		
5	Enter: $20,000 if married filing jointly; $10,000 if single, head of household, or qualifying surviving spouse	5	10,000		
6	If line 4 is: • Equal to or more than line 5, enter 1.000 on line 6 • Less than line 5, divide line 4 by line 5. Enter the result as a decimal (rounded to at least three places)			6	1.000
7	Multiply line 1 by line 6. **Caution:** If you were under age 24 at the end of the year **and** meet the conditions described in the instructions, you **can't** take the refundable American opportunity credit; skip line 8, enter the amount from line 7 on line 9, and check this box ☐			7	2,453
8	**Refundable American opportunity credit.** Multiply line 7 by 40% (0.40). Enter the amount here and on Form 1040 or 1040-SR, line 29. Then go to line 9 below			8	981

Part II Nonrefundable Education Credits

9	Subtract line 8 from line 7. Enter here and on line 2 of the Credit Limit Worksheet (see instructions)			9	1,472
10	After completing Part III for each student, enter the total of all amounts from all Parts III, line 31. If zero, skip lines 11 through 17, enter -0- on line 18, and go to line 19			10	0
11	Enter the smaller of line 10 or $10,000			11	
12	Multiply line 11 by 20% (0.20)			12	
13	Enter: $180,000 if married filing jointly; $90,000 if single, head of household, or qualifying surviving spouse	13			
14	Enter the amount from Form 1040 or 1040-SR, line 11. But if you're filing Form 2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for the amount to enter instead	14			
15	Subtract line 14 from line 13. If zero or less, skip lines 16 and 17, enter -0- on line 18, and go to line 19	15			
16	Enter: $20,000 if married filing jointly; $10,000 if single, head of household, or qualifying surviving spouse	16			
17	If line 15 is: • Equal to or more than line 16, enter 1.000 on line 17 and go to line 18 • Less than line 16, divide line 15 by line 16. Enter the result as a decimal (rounded to at least three places)			17	
18	Multiply line 12 by line 17. Enter here and on line 1 of the Credit Limit Worksheet (see instructions)			18	0
19	**Nonrefundable education credits.** Enter the amount from line 7 of the Credit Limit Worksheet (see instructions) here and on Schedule 3 (Form 1040), line 3			19	478

Name(s) shown on return: **JESUS VILLARREAL**

Your social security number: **564-13-3259**

! CAUTION *Complete Part III for each student for whom you're claiming either the American opportunity credit or lifetime learning credit. Use additional copies of page 2 as needed for each student.*

Part III Student and Educational Institution Information. See instructions.

20 Student name (as shown on page 1 of your tax return)

JESUS VILLARREAL

21 Student social security number (as shown on page 1 of your tax return)

564-13-3259

22 Educational institution information (see instructions)

a. Name of first educational institution

SOUTHWESTERN COLLEGE

(1) Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions.

900 OTAY LAKES RD
Chula Vista, CA 91911

(2) Did the student receive Form 1098-T from this institution for 2024? ☒ Yes ☐ No

(3) Did the student receive Form 1098-T from this institution for 2023 with box 7 checked? ☐ Yes ☒ No

(4) Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in **(2)** or **(3).** You can get the EIN from Form 1098-T or from the institution.

95-6006659

b. Name of second educational institution (if any)

(1) Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions.

(2) Did the student receive Form 1098-T from this institution for 2024? ☐ Yes ☐ No

(3) Did the student receive Form 1098-T from this institution for 2023 with box 7 checked? ☐ Yes ☐ No

(4) Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in **(2)** or **(3).** You can get the EIN from Form 1098-T or from the institution.

23 Has the American opportunity credit been claimed for this student for any 4 prior tax years? ☐ Yes - **Stop!** Go to line 31 for this student. ☒ No - Go to line 24.

24 Was the student enrolled at least half-time for at least one academic period that began or is treated as having begun in 2024 at an eligible educational institution in a program leading towards a postsecondary degree, certificate, or other recognized postsecondary educational credential? See instructions. ☒ Yes - Go to line 25. ☐ No - **Stop!** Go to line 31 for this student.

25 Did the student complete the first 4 years of postsecondary education before 2024? See instructions. ☐ Yes - **Stop!** Go to line 31 for this student. ☒ No - Go to line 26.

26 Was the student convicted, before the end of 2024, of a felony for possession or distribution of a controlled substance? ☐ Yes - **Stop!** Go to line 31 for this student. ☒ No - Complete lines 27 through 30 for this student.

! CAUTION *You can't take the American opportunity credit and the lifetime learning credit for the same student in the same year. If you complete lines 27 through 30 for this student, don't complete line 31.*

American Opportunity Credit

27	Adjusted qualified education expenses (see instructions). **Don't enter more than $4,000**	**27**	**3,810**
28	Subtract $2,000 from line 27. If zero or less, enter -0-	**28**	**1,810**
29	Multiply line 28 by 25% (0.25)	**29**	**453**
30	If line 28 is zero, enter the amount from line 27. Otherwise, add $2,000 to the amount on line 29 and enter the result. Skip line 31. Include the total of all amounts from all Parts III, line 30, on Part I, line 1	**30**	**2,453**

Lifetime Learning Credit

31	Adjusted qualified education expenses (see instructions). Include the total of all amounts from all Parts III, line 31, on Part II, line 10	**31**	

$1 Million Tax Audit Defense Membership Program Agreement

The terms and conditions of this Membership Agreement (the "Agreement") govern the **Protection Plus $1 Million Tax Audit Defense Membership Program** (**"Program"**) provided to members of the Program (**"Members"**) by Tax Protection Plus, LLC and the American Advantage Association (cumulatively referred to as **"Company"**). By accepting enrollment in the Program, you are agreeing to the terms of this Agreement.

1. Definitions: The following definitions are applicable to the Agreement.
a. **"Tax Software Provider"** means the company providing the tax software that the **Taxpayer** used to prepare and transmit their tax **Return** to the IRS and/or state taxing authority and through which **Taxpayer** enrolled into the **Program.**
b. **"Protection Plus $1 Million Tax Audit Defense Membership Program"** (or the **"Program"**) is a service program offered by **Company.**
c. **"Return"** means an IRS acknowledged individual federal tax return form 1040, 1040SR, 1040PR and 1040NR, and/or a state acknowledged individual state tax **"Return"** (if applicable) for the previous year's tax **"Return"** and is not otherwise excluded in this Agreement. **Returns** filed after the October Extension filing deadline are not eligible for enrollment or **Company** Services.
d. **"Negligence"** means failure on the part of the **Taxpayer** to exercise the care or apply the effort to research IRS and/or state tax codes, instructions and guidelines that a reasonably prudent person would exercise in their efforts to comply with IRS and/or state tax codes in the preparation of a tax **Return.**
e. **"Taxpayer"** or **"Member"** means the individual (or individuals if filing a Joint **Return**) who completes an acknowledged **Return** and elects to enroll in the **Program** through the **Tax Software Provider** and for whom **Company** receives payment of the **Company Program Fee.**
f. **"Program Fee"** is the fee charged by the **Tax Software Provider** and paid by **Member** for the **Program.**
g. **"Company Program Fee"** is the **Company** established fee charged by **Company** for a **Taxpayer** to participate in the **Program** and paid to **Company** out of the total **Program Fee.**
h. **"Company"** is Tax Protection Plus, LLC and the American Advantage Association

2. Services provided by Company under the Program: From the date the IRS or state (if applicable) has acknowledged transmission of your **Return** and **Company** receives payment of the **Company Program Fee** and for a period of three (3) years (for Federal **Returns**) and four (4) years (for state **Returns**) after the April filing deadline for the **Return** (the Membership Term), if the IRS or state audits or issues a letter or notice regarding the **Taxpayer's Return, Company** will provide the **Taxpayer** with the following Services to be performed exclusively by **Company** representatives for up to $1,000,000.00 in service fees at **Company's** then current retail rate structure for such Services (collectively, the "Services"):
2.1 Evaluation of all related IRS and/or state correspondence.
2.2 Explanation of case requirements and the available options.
2.3 Professional IRS and/or state document review, consultation and organization.
2.4 Drafting of letters and other necessary correspondence with the IRS and/or state as needed.
2.5 Assistance with telephone communication with the IRS and/or state agent for explanations and discussions during the audit process, when necessary.
2.6 Assistance with all IRS forms unless excluded below in section 3.
2.7 Assistance with denied credits when the **Return** is unfunded, including: Earned Income Credit, Child and Dependent Care Credit (form 2441), Education Credits, Child Tax Credit, Additional Child Tax Credit, Adoption Credit, Credit for the Elderly or Disabled, and Savers Credit.
2.8 Assistance with rejected W-7 applications.
2.9 Assistance with IRS and/or state Identity Theft
2.10 Tax debt relief including but not limited to Installment Agreements, Offers in Compromise, Tax Penalty Abatement, Tax Liens, Wage Garnishment Relief, and Innocent Spouse Relief provided that **Taxpayer** meets all guidelines for approval of the applicable debt relief and pays all associated governmental fees. Taxpayers with unpaid prior tax debt may not qualify for assistance with some or all tax debt relief options, including but not limited to Offers in Compromise.
2.11 Representation before the IRS or state taxing authority by a credentialed **Company** representative, when **Company,** in its sole discretion, determines such representation is necessary.
2.12 Legal representation in a federal or state tax court by a **Company** appointed tax attorney, when **Company,** in its sole discretion, determines such legal representation is the most advisable option.
2.13 The Services are subject to change, modification, or substitution at any time without notice to the **Member.** In order to receive Services, a **Member** must access the Services as instructed within the Membership materials provided.

3. Program Exclusions: The following types of tax returns and or Inquiries are specifically excluded. **Company** is under no obligation to provide **Taxpayer** with the Services in connection with such returns and or Inquiries:
3.1 **Returns** other than individual 1040, 1040SR, 1040PR and 1040NR, and individual state **Returns** including, but not limited to, corporate, partnership, trust, estate, gift and employment returns.
3.2 **Returns** in which the **Taxpayer** had knowledge of additional taxes owed, or had knowledge of an existing audit, letter or notice from the IRS or state taxing authority, as of the date **Taxpayer** enrolled in the **Program.**
3.3 **Returns** prepared with **Negligence,** recklessness, intentional misrepresentation or fraud.
3.4 Local, city and county tax returns.
3.5 **Returns** that have become subject to IRS or state criminal investigations.
3.6 Letters, notices, or audits related to bartering income, estate tax or gift tax.
3.7 When there is a lack of clarity from the IRS and/or state taxing authorities, we may not be able to provide complete assistance.
3.8 Any services performed by any individual or company other than the Services performed by **Company** or a **Company** appointed representative.

4. Taxpayer Responsibilities: In order for **Company** to be obligated to provide the Services to **Taxpayer,** the **Taxpayer** agrees to take the following actions:
4.1 Contact the IRS and/or state (with the assistance of **Company**) per the audit notice received to request an extension of the deadline for responding,
4.2 Notify **Company** of any IRS correspondence or notice regarding the **Return** within thirty (30) days from the date of such notice along with a complete copy of the **Return.**
4.3 Provide **Company** any further assistance or documents as requested that support claims made on the **Return.**
4.4 Pay the **Program Fee.** In the event **Tax Software Provider** charges Taxpayer a **Program Fee, Taxpayer** agrees to pay the **Program Fee** by either paying such fee directly to the **Tax Software Provider** or by authorizing the **Program Fee** to be deducted from any tax refunds due the **Taxpayer** for payment to the **Tax Software Provider. Taxpayer** understands that the **Tax Software Provider** may charge **Taxpayer** a **Program Fee** that is greater than the **Company Program Fee** and retain the difference for their services.

5. Disclosure of Information: Taxpayer hereby agrees that his/her specific **Taxpayer** information, including all information that **Taxpayer** has disclosed to the **Tax Software Provider** or has been included on the **Return,** may be disclosed by the **Tax Software Provider** to **Company** and used by **Company** in the manner consistent with this Agreement.

6. Payment of Company Program Fee: Taxpayer understands that **Tax Software Provider** is responsible for payment of the **Company Program Fee** and **that Company** is under no obligation to provide Services unless **Company** receives payment of the **Company Program Fee.**

7. Cancellation and Refund Option: If, for any reason, a **Member** is not satisfied with the **Program** and wishes to terminate his/her Membership, the **Member** may cancel the Membership by notifying **Company** in writing or by telephoning a **Program** representative. Membership in the **Program** shall terminate on the date that **Company** receives written notice of cancellation. Cancellations within the first 30 days of Membership may be eligible for refund.

8. Member Representations and Acknowledgements: In return for the Services available under the **Program,** the **Membe**r makes the following representations and acknowledgements:
8.1 **Member** has read this Agreement carefully, understands the **Program,** and understands the various billing methods for payment of the **Program Fee.**
8.2 **Member** may cancel his/her **Program** Membership at any time before the conclusion of the Membership Term and may be entitled to a refund subject to the terms of Section 7 of this Agreement.
8.3 Membership in the **Program** and benefits thereunder are not assignable without the express written consent of **Company. Member** agrees that he/she will use his/her **Program** membership only for his/her personal benefit. A **Member's** violation of this paragraph 8.3 will result in immediate termination of the **Program** Membership.
8.4 **Member** acknowledges that **Company** bears no responsibility for the payment of (or contribution to) any use or sales tax that may be imposed by any state or federal taxing authority on the Services provided under the **Program.** Payment of such taxes, to the extent imposed, shall remain the sole responsibility of the **Member.**
8.5 **Member** understands that **Member** is responsible for paying the **Tax Software Provider** for their services rendered.
8.6 **Member** understands and agrees that the **Tax Software Provider** is an independent contractor, and that **Company** in no way is responsible for the services provided by the **Tax Software Provider.**
8.7 **Member** understands and agrees that they will be enrolled as a member of the American Advantage Association and the American Advantage Purchasing Group to be eligible to receive the benefits of the **Program.**
8.8 **Member** understands and agrees that the **Program** is not insurance.
8.9 The **Taxpayer** represents and warrants that they have truthfully provided correct, accurate and complete information to the **Tax Software Provider** and to the best of **Taxpayer's** knowledge, the **Taxpayer** has truthfully, completely and accurately completed all tax return forms and due diligence worksheets and procedures in accordance with all applicable IRS and state (if applicable) rules, regulations, procedures, guidelines, publications and requirements, and that the Services provided under the **Program** are conditioned upon such completion.

9. Disclaimer: Failure to comply with procedure and strategy actions recommended by **Company** may result in an IRS and/or state (if applicable) ruling unfavorable to the **Taxpayer.** Failure or refusal to comply with requests or instructions from the IRS and/or state (if applicable) during the audit may result in adverse actions taken by the IRS to **Taxpayer's** detriment. In all cases, **Company** will not be held responsible for the outcome and reserves the right to cease providing Services when reasonably warranted.

10. Disclaimer of Warranties: Company is not a **Tax Software Provider** or **Tax Preparer,** or a direct Provider of the tax services provided to **Members** other than the **Program.** ACCORDINGLY, **COMPANY** GIVES NO WARRANTY, EXPRESS OR IMPLIED, AS TO DESCRIPTION, QUALITY, MERCHANTABILITY, FITNESS FOR ANY PARTICULAR PURPOSE, PRODUCTIVENESS, OR ANY OTHER MATTER, FOR ANY SERVICES OR MERCHANDISE PURCHASED OR RECEIVED BY A **MEMBER** FROM A **TAX SOFTWARE PROVIDER. MEMBER** ACKNOWLEDGES THAT HE/SHE IS NOT RELYING ON **COMPANY'S** SKILL OR JUDGMENT IN SELECTING A **TAX SOFTWARE PROVIDER** FOR THE SERVICES PROVIDED TO **MEMBERS** BY THE **TAX SOFTWARE PROVIDER.** In the event any product or service (other than the **Program**) purchased or received by a **Membe**r from a **Tax Software Provider** is canceled, modified, defective, or otherwise unsatisfactory to the **Member,** the **Member** will look solely to the Provider, Seller, Merchant, or Manufacturer of the product or service for any repair, exchange, refund, or satisfaction of claim.

11. General Release: Each **Member** who uses the Services under the **Program** Membership hereby forever releases, acquits and discharges **Company** and their employees, agents and affiliates from any and all liabilities, claims, demands, actions, and causes of action that such **Member** or **Member's** legal representative(s) may have by reason of any monetary damage or personal injury sustained as a result of or during the course of the use of any and all Services under the **Program.** The sole recourse available to a **Member** or **Member's** legal representative(s) against **Company** shall be cancellation of the **Program** membership as provided in Section 7 and any refund available as provided in Section 7.

12. Notices: Any and all notices, consents, approvals, requests, and other written communications given or required under the terms of this Agreement shall be deemed to have been duly given and served when sent by email, U.S. Postal mail, postage prepaid and addressed to the **Member**, at the address provided by the **Member.**

13. Entire Agreement: This Agreement sets forth the entire agreement and understanding of the parties with regard to Membership in the **Program.** No representations, inducements, promises or agreements, or otherwise, shall be of any force or effect. The validity or unenforceability of any term of this Agreement shall in no way affect the validity or enforceability of any other terms or provisions of this Agreement. **Member** Acknowledges that **THE PROGRAM IS NOT INSURANCE.**

14. Binding Effect: This Agreement shall be binding upon and inure to the benefit of the parties as well as their respective successors and permitted assigns.

15. Governing Law: This Agreement shall be governed and construed in accordance with the laws of the State of North Carolina regardless of any application of principles regarding conflicts of laws.

16. Headings: The headings or captions provided throughout this Agreement are for reference purposes only and shall in no way affect the meaning or interpretation of this Agreement.

17. Waiver of Breach: Waiver of breach of any provision of this Agreement shall not be deemed a waiver of any other breach of the same or different provision.

Identity Theft Restoration Membership Program Agreement

The terms and conditions of this Membership Agreement (the "Agreement") govern the **Protection Plus Identity Theft Restoration Membership Program** ("**Program**") provided to members of the Program ("**Members**") by Tax Protection Plus, LLC and the American Advantage Association (cumulatively referred to as "**Company**"). By accepting enrollment in the Program, you are agreeing to the terms of this Agreement.

1. Definitions: The following definitions are applicable to the Agreement.
a. "**Tax Software Provider**" means the company providing the tax software that the **Taxpayer** used to prepare and transmit their tax **Return** to the IRS and/or state taxing authority and through which **Taxpayer** enrolled into the **Program.**
b. "**Protection Plus Identity Theft Restoration Membership Program" (or the "Program**") is a service program offered by **Company.**
c. "**Return**" means an IRS acknowledged individual federal tax return form 1040, 1040SR, 1040PR and 1040NR, and/or a state acknowledged individual state tax **Return** (if applicable) for the previous year's tax Return and is not otherwise excluded in this Agreement. **Returns** filed after the October Extension filing deadline are not eligible for enrollment or **Company** Services.
d. "**Taxpayer**" or "**Member**" means the individual (or individuals if filing a Joint **Return**) who completes an acknowledged **Return** and elects to enroll in the **Program** through the **Tax Software Provider** and for whom **Company** receives payment of the **Company Program Fee.**
e. "**Program Fee**" is the fee charged by the **Tax Software Provider** and paid by **Member** for the **Program.**
f. "**Company Program Fee**" is the **Company** established fee charged by **Company** for a **Taxpayer** to participate in the **Program** and paid to **Company** out of the total **Program Fee.**
g. "**Company**" is Tax Protection Plus, LLC and the American Advantage Association

2. Services provided by Company under the Program: From the date the IRS and/or state (if applicable) has acknowledged transmission of your **Return** and **Company** receives payment of the **Company Program Fee**, and for a period of one (1) year (the Membership Term), **Company** will provide the **Taxpayer,** and other individuals listed on the tax **Return** (collectively, the "**Taxpayer**") with the following Services to be performed exclusively by **Company** representatives (collectively, the "Services"):

Identity Theft Restoration: Taxpayer is provided with toll free telephone access to an identity theft risk management specialist who will provide **Taxpayer** with the following recovery Services*:

- Assist **Members** with Investigating fraudulent activity.
- Place phone calls, send electronic notifications, and prepare appropriate documentation on the **Member's** behalf, including dispute letters for defensible complaints to any and all appropriate state agencies and financial institutions.
- Issue fraud alerts and victim statements when necessary, with the three consumer credit reporting agencies, the FTC, SSA, and U.S. Postal Service.
- Submit ID Theft Affidavit to involved creditors for card cancellation and new card issuance.
- Contact, follow up and escalate issues with affected agencies, creditors, financial institutions, to reinforce **Member's** rights.
- Assist the **Member** in notifying local law enforcement authorities to file the appropriate official reports.
- Provide peace of mind and resolution of key issues from start to finish as swiftly as possible.
- Provide **Members** with a "Case Completion Kit" including copies of documentation, correspondence, forms and letters for their personal records.
- Provide daily identity monitoring with all three credit bureaus for six months following an identity theft incident reported by **Member** to **Company.**

* Requires Taxpayer to sign a Special Limited Power of Attorney

2.1 The Services are subject to change, modification, or substitution at any time without notice to the **Member.** In order to receive Services, a **Member** must access the Services as instructed within the Membership materials provided.

3. Program Exclusions: The following types of tax returns are specifically excluded. **Company** is under no obligation to provide **Taxpayer** with the Services in connection with such returns:
3.1 **Returns** other than individual 1040, 1040SR, 1040PR, and 1040NR, and individual state **Returns** including, but not limited to, corporate, partnership, trust, estate, gift and employment returns.
3.2 **Returns** in which the **Taxpayer** had knowledge of an existing identity theft issue as of the date **Taxpayer** enrolled in **Program.**
3.3 **Returns** that have become subject to IRS or state criminal investigations.
3.4 Any services performed by any individual or company other than the Services performed by **Company** or a **Company** appointed representative.

4. Taxpayer Responsibilities: In order for **Company** to be obligated to provide the Services to **Taxpayer**, the **Taxpayer** agrees to take the following actions:
4.1 Notify **Company** within thirty (30) days from the date of a suspected identity theft incident.
4.2 Provide the **Company** with any further assistance or documents as requested that support its **Identity Theft Restoration** Services.
4.3 Pay the **Program Fee.** In the event **Tax Software Provider** charges **Taxpayer** a **Program Fee, Taxpayer** agrees to pay the **Program Fee** by either paying such fee directly to the **Tax Software Provider** or by authorizing the **Program Fee** to be deducted from any tax refunds due the **Taxpayer** for payment to the **Tax Software Provider. Taxpayer** understands that the **Tax Software Provider** may charge **Taxpayer** a **Program Fee** that is greater than the **Company Program Fee** and retain the difference for their services.

5. Disclosure of Information: Taxpayer hereby agrees that his/her specific **Taxpayer** information, including all information that **Taxpayer** has disclosed to the **Tax Software Provider** or has been included on the **Return**, may be disclosed by the **Tax Software Provider** to **Company** and used by **Company** in the manner consistent with this Agreement.

6. Payment of Company Program Fee: Taxpayer understands that **Tax Software Provider** is responsible for payment of the **Company Program Fee** and that **Company** is under no obligation to provide Services unless **Company** receives payment of the **Company Program Fee.**

7. Cancellation and Refund Option: If, for any reason, a **Member** is not satisfied with the **Program** and wishes to terminate his/her Membership, the **Member** may cancel the Membership by notifying **Company** in writing or by telephoning a **Program** representative. Membership in the **Program** shall terminate on the date that **Company** receives written notice of cancellation. Cancellations within the first 30 days of Membership may be eligible for refund.

8. Member Representations and Acknowledgments: In return for the Services available under the **Program**, the **Member** makes the following representations and acknowledgments:

8.1 **Member** has read this Agreement carefully, understands the **Program**, and understands the various billing methods for payment of the **Program** Fee.
8.2 **Member** may cancel his/her **Program** Membership at any time before the conclusion of the Membership Term and may be entitled to a refund subject to the terms of Section 7 of this Agreement.
8.3 Membership in the **Program** and benefits thereunder are not assignable without the express written consent of **Company. Member** agrees that he/she will use his/her **Program** Membership only for his/her personal benefit. A **Member's** violation of this paragraph 8.3 will result in immediate termination of the **Program** Membership.
8.4 **Member** acknowledges that **Company** bears no responsibility for the payment of (or contribution to) any use or sales tax that may be imposed by any state or federal taxing authority on the Services provided under the **Program.** Payment of such taxes, to the extent imposed, shall remain the sole responsibility of the **Member.**
8.5 **Member** understands that **Member** is responsible for paying the **Tax Software Provider** for their services rendered.
8.6 **Member** understands and agrees that the **Tax Software Provider** is an independent contractor, and that **Company** in no way is responsible for the services provided by the **Tax Software Provider.**
8.7 **Member** understands and agrees that they will be enrolled as a member of the American Advantage Association and the American Advantage Purchasing Group to be eligible to receive the benefits of the **Program**.
8.8 **Member** understands and agrees that the **Program** is not insurance.

9. **Disclaimer:** Failure to comply with procedure and strategy actions recommended by **Company** may result in the **Taxpayer's** detriment. In all cases, **Company** will not be held responsible for the outcome and reserves the right to cease providing Services when reasonably warranted.

10. Disclaimer of Warranties: Company is not a **Tax Software Provider** or **Tax Preparer,** or a direct Provider of the tax services provided to **Members** other than the **Program**. ACCORDINGLY, **COMPANY** GIVES NO WARRANTY, EXPRESS OR IMPLIED, AS TO DESCRIPTION, QUALITY, MERCHANTABILITY, FITNESS FOR ANY PARTICULAR PURPOSE, PRODUCTIVENESS, OR ANY OTHER MATTER, FOR ANY SERVICES OR MERCHANDISE PURCHASED OR RECEIVED BY A **MEMBER** FROM A **TAX SOFTWARE PROVIDER. MEMBER** ACKNOWLEDGES THAT HE/SHE IS NOT RELYING ON **COMPANY'S** SKILL OR JUDGMENT IN SELECTING **A TAX SOFTWARE PROVIDER** FOR THE SERVICES PROVIDED TO **MEMBERS** BY THE **TAX SOFTWARE PROVIDER.** In the event any product or service (other than the **Program**) purchased or received by a **Member** from a **Tax Software Provider** is canceled, modified, defective, or otherwise unsatisfactory to the **Member**, the **Member** will look solely to the Provider, Seller, Merchant, or Manufacturer of the product or service for any repair, exchange, refund, or satisfaction of claim.

11. General Release: Each **Member** who uses the Services under the **Program** Membership hereby forever releases, acquits and discharges **Company** and their employees, agents and affiliates from any and all liabilities, claims, demands, actions, and causes of action that such **Member** or **Member's** legal representative(s) may have by reason of any monetary damage or personal injury sustained as a result of or during the course of the use of any and all Services under the **Program.** The sole recourse available to a **Member** or **Member's** legal representative(s) against **Company** shall be cancellation of the **Program** Membership as provided in Section 7 and any refund available as provided in Section 7.

12. Notices: Any and all notices, consents, approvals, requests, and other written communications given or required under the terms of this Agreement shall be deemed to have been duly given and served when sent by email, U.S. Postal mail, postage prepaid and addressed to the **Member,** at the address provided by the **Member.**

13. Entire Agreement: This Agreement sets forth the entire agreement and understanding of the parties with regard to Membership in the **Program.** No representations, inducements, promises or agreements, or otherwise, shall be of any force or effect. The validity or unenforceability of any term of this Agreement shall in no way affect the validity or enforceability of any other terms or provisions of this Agreement. **Member** Acknowledges that **THE PROGRAM IS NOT INSURANCE.**

14. Binding Effect: This Agreement shall be binding upon and inure to the benefit of the parties as well as their respective successors and permitted assigns.

15. Governing Law: This Agreement shall be governed and construed in accordance with the laws of the State of North Carolina regardless of any application of principles regarding conflicts of laws.

16. Headings: The headings or captions provided throughout this Agreement are for reference purposes only and shall in no way affect the meaning or interpretation of this Agreement.

17. Waiver of Breach: Waiver of breach of any provision of this Agreement shall not be deemed a waiver of any other breach of the same or different provision.

Tax Protection Plus Through the American Advantage Association
P.O. Box 24279 Winston Salem, NC 27114
cases@taxprotectionplus.com / Phone # 866-942-8348 / Fax# 850-424-1420

Credit Limit Worksheet

(This page is not filed with the return. It is for your records only.)

2024

Name(s) as shown on return

JESUS VILLARREAL

Tax ID Number

564-13-3259

1.	Amount from line 18 of Form 1040, 1040-SR, or 1040-NR minus Schedule 3, line 6l	**1.**	478		
2.	Foreign tax credit amount from Schedule 3 (Form 1040), line 1	**2.**			
3.	**Subtract line 2 from line 1. If zero or less, enter -0-. Enter this amount on Form 2441, line 10**			**3.**	478
4.	Amount from Form 2441, line 11	**4.**			
5.	**Subtract line 4 from line 3. If zero or less, enter -0-. Enter this amount on Schedule R, line 21**			**5.**	478
6.	Amount from Schedule R, line 22	**6.**			
7.	Enter amount from Form 8863, line 18	**7.**			
8.	Subtract line 6 from line 5. If zero or less, enter -0-	**8.**	478		
9.	Enter the smaller of line 7 or line 8. Nonrefundable lifetime learning credit	**9.**			
10.	Enter amount from Form 8863, line 9	**10.**	1,472		
11.	Subtract line 9 from line 8. If zero or less, enter -0-	**11.**	478		
12.	Enter the smaller of line 10 or line 11. Nonrefundable American Opportunity credit	**12.**	478		
13.	**Add line 9 and line 12. Enter this amount on Form 8863, line 19**			**13.**	478
14.	**Subtract line 13 from line 8. If zero or less, enter -0-. Enter this amount on Form 8880, line 11**			**14.**	0
15.	Amount from Form 8880, line 12	**15.**			
16.	**Subtract line 15 from line 14. If zero or less, enter -0-. Enter this amount on Form 5695, line 31**			**16.**	0
17.	Amount from Form 5695, line 32	**17.**			
18.	Reserved			**18.**	
19.	Reserved	**19.**			
20.	Subtract line 17 from 16. If zero or less, enter -0-. Enter this amount on Form 8936, line 17			**20.**	0
21.	Amount from Form 8936, line 18	**21.**			
22.	**Subtract line 21 from line 20. If zero or less, enter -0-. Enter this amount on Form 8936, line 12**			**22.**	0
23.	Amount from Form 8936, line 13	**23.**			
24.	Amount from line 19 of Form 1040, 1040-SR or 1040-NR, or amount from line 14 of Credit Limit Worksheet B (Form 8812), if present in the return	**24.**			
25.	**Subtract lines 23 and 24 from line 22. If zero or less, enter -0-. Enter this amount on Form 8396, line 8**			**25.**	0
26.	Amount from Form 8396, line 9	**26.**			
27.	Subtract line 26 from line 25. If zero or less, enter -0-	**27.**	0		
28.	Amount from Form 8839, line 14	**28.**			
29.	Enter the smaller of line 27 or line 28. Enter this amount on Form 8839, lines 15 and 16	**29.**			
30.	**Subtract line 29 from line 27. If zero or less, enter -0-. Enter this amount on Form 8859, line 2**			**30.**	0
31.	Amount from Form 8859, line 3	**31.**			
32.	**Subtract line 31 from line 30. If zero of less, enter -0-. Enter this amount on Form 5695, line 14**			**32.**	0

Computation of Regular Tax

(This page is not filed with the return. It is for your records only.)

2024

Name(s) as shown on return

JESUS VILLARREAL

Tax ID Number

564-13-3259

Statement for line 16 of Form 1040-SR

Tax from Tax Table found in form instructions	$	478	
$ 478	Tax computed using only available method		

CONSENT FOR ELECTRONIC SIGNATURES, RECORDS, AND DISCLOSURES

Please read this information carefully and print a copy and/or retain this information electronically for future reference.

Introduction. You are entering an agreement with Pathward ®, National Association. Your Tax Preparer has indicated that you have agreed to have your Pathward documentation delivered electronically. To do this, we need you to consent to using and accepting electronic signatures, electronic records, and, electronic disclosures ("Your Consent"). This document, entitled CONSENT FOR ELECTRONIC SIGNATURES, RECORDS, AND DISCLOSURES informs you of your rights when receiving legally required disclosures, notices and information from Pathward. By clicking "I Agree," you acknowledge you received this document and consent to using electronic signatures, records, and disclosures.

Option for Paper or Non-Electronic Records. You may mail a written request to Pathward, PO Box 1484 Easton, PA 18044 for paper copies of your bank documentation. We will provide paper copies at no charge. Pathward and your Tax Preparer will retain all Disclosures as applicable law requires.

Scope of Consent. Your Consent and our agreement to conduct transactions electronically apply to transactions involving Pathward Disclosures related to your tax preparation. By exercising Your Consent, you agree to receive such Disclosures electronically.

Consenting to Do Business Electronically. Before you decide to receive Pathward Disclosures electronically, you should consider whether you have the required hardware and software capabilities described below.

Hardware and Software Requirements. To receive and retain, the Disclosures electronically, you will need to use the following computer software and hardware: A PC or Apple compatible computer or other electronic device capable of accessing the Internet and an Internet Browser software program that supports at least 128 bit encryption. To read some documents, you may need an e-mail account with an Internet provider and e-mail software, and you may need a PDF file reader like Adobe® Acrobat Reader. If at any time during this transaction these requirements change in a way that creates a material risk that you may not be able to receive Disclosures electronically, Pathward will notify you of these changes. You will need a printer or a long-term storage device, such as your computer's disk drive, to retain a copy of the Disclosures for future reference. For questions regarding the hardware and software requirements, you may send us your written questions by email to support@epsfinancial.net.

Withdrawing Consent. You are free to withdraw Your Consent at any time and at no charge. If at any time you wish to withdraw Your Consent, you can send us your written request by mail to Pathward, PO Box 1484 Easton, PA 18044 with the details of such request. If you decide to withdraw Your Consent, the legal effectiveness, validity, and enforceability of prior electronic Disclosures will not be affected.

Change to Your Contact Information. You should keep us informed of any change in your electronic address or mailing address. You may also send us your written updates by mail to our address above.

YOUR ABILITY TO ACCESS DISCLOSURES. BY CLICKING THE "I AGREE" BUTTON BELOW, YOU ACKNOWLEDGE THAT YOU CAN ACCESS THE DISCLOSURES IN HTML AND/OR PDF FORMATS. DISCLOSURES MAY BE PROVIDED BY EMAIL, ACCESSED THROUGH AN INTERNET WEBPAGE, OR SOME OTHER STORAGE SOLUTION PROVIDED BY YOUR TAX PREPARER.

CONSENT. BY CLICKING THE "I AGREE" BUTTON BELOW, YOU ACKNOWLEDGE YOU HAVE READ THIS INFORMATION ABOUT ELECTRONIC SIGNATURES, RECORDS, DISCLOSURES, AND DOING BUSINESS ELECTRONICALLY. YOU CONSENT TO USING ELECTRONIC SIGNATURES AND HAVING ALL DISCLOSURES PROVIDED OR MADE AVAILABLE TO YOU IN ELECTRONIC FORM. YOU ACKNOWLEDGE THAT YOU MAY REQUEST A PAPER COPY OF THE ELECTRONIC RECORDS AND DISCLOSURES, WHICH PATHWARD WILL PROVIDE TO YOU AT NO CHARGE.

BY CLICKING THE "I DO NOT AGREE" BUTTON BELOW, YOU ACKNOWLEDGE YOU HAVE READ THE INFORMATION ABOUT ELECTRONIC SIGNATURES, RECORDS, DISCLOSURES, AND DOING BUSINESS ELECTRONICALLY AND DO NOT WISH TO USE ELECTRONIC SIGNATURES AND/OR CONDUCT THIS TRANSACTION ELECTRONICALLY. YOU ALSO UNDERSTAND AND ACKNOWLEDGE THAT YOUR CONSENT TO ELECTRONIC DISCLOSURES IS REQUIRED TO USE THE REFUND DISBURSEMENT SERVICE WITH PATHWARD OVER THE INTERNET.

PLEASE NOTE: YOU SHOULD PRINT OR SAVE A COPY OF THIS DOCUMENT FOR YOUR RECORDS.

ELECTRONICALLY SIGN HERE:

I AGREE or **I DO NOT AGREE**

CONSENT FOR ELECTRONIC SIGNATURES, RECORDS, AND DISCLOSURES

Please read this information carefully and print a copy and/or retain this information electronically for future reference.

Introduction. You are entering an agreement with Pathward®, National Association. Pathward can only give you the benefits of this on-line service by conducting its business through the Internet. To do this, we need you to consent to using and accepting electronic signatures, electronic records, and, electronic disclosures ("Your Consent"). This document, entitled CONSENT FOR ELECTRONIC SIGNATURES, RECORDS, AND DISCLOSURES informs you of your rights when receiving legally required disclosures, notices and information from Pathward. By clicking "I Agree," you acknowledge you received this document and consent to using electronic signatures, records, and disclosures. Additionally, by clicking "I Agree" you consent to conduct transactions with Pathward by using electronic disclosures, electronic records, and contract documents ("Disclosures").

Option for Paper or Non-Electronic Records. You may request any Disclosures in paper copy by logging in and printing a paper copy. You may also mail us your written request to Pathward, PO Box 1484 Easton, PA 18044. We will provide paper copies at no charge. Pathward will retain all Disclosures as applicable law requires.

Scope of Consent. Your Consent and our agreement to conduct transactions electronically apply to all transactions between you and Pathward. By exercising Your Consent, Pathward will conduct this transaction and any future transactions with you electronically.

Consenting to Do Business Electronically. Before you decide to do business electronically with Pathward, you should consider whether you have the required hardware and software capabilities described below.

Hardware and Software Requirements. To access and retain the Disclosures electronically, you will need to use the following computer software and hardware: A PC or Apple compatible computer or other electronic device capable of accessing the Internet and an Internet Browser software program that supports at least 128 bit encryption. To read some documents, you may need a PDF file reader like Adobe® Acrobat Reader. If at any time during this transaction these requirements change in a way that creates a material risk that you may not be able to receive Disclosures electronically, Pathward will notify you of these changes. You will need a printer or a long-term storage device, such as your computer's disk drive, to retain a copy of the Disclosures for future reference. For questions regarding the hardware and software requirements, you may send us your written questions by email to support@epsfinancial.net. To confirm you can access electronic signatures, records, and disclosures in HTML format, click here. To confirm that you can access electronic records of documents in PDF format, click here.

Withdrawing Consent. You are free to withdraw Your Consent at any time and at no charge. If at any time you wish to withdraw Your Consent, you can send us your written request by mail to Pathward, PO Box 1484 Easton, PA 18044 with the details of such request. If you decide to withdraw Your Consent, the legal effectiveness, validity, and enforceability of prior electronic Disclosures will not be affected. Withdrawing consent closes the temporary deposit account we opened on your behalf and any transactions received after withdrawal of consent will not be processed and any funds will be returned to the tax authority who sent the funds.

Change to Your Contact Information. You should keep us informed of any change in your electronic address or mailing address. You may update such information by logging into your tax software's website and providing the updated information. You may also send us your written update by mail to our address above.

YOUR ABILITY TO ACCESS DISCLOSURES. BY CLICKING THE "AGREE" BUTTON BELOW, YOU ACKNOWLEDGE THAT YOU CAN ACCESS THE DISCLOSURES IN THE DESIGNATED FORMATS DESCRIBED ABOVE. Once you give your consent you can log into your tax software's website to access these documents.

CONSENT. BY CLICKING THE "AGREE" BUTTON BELOW, YOU ACKNOWLEDGE YOU HAVE READ THIS INFORMATION ABOUT ELECTRONIC SIGNATURES, RECORDS, DISCLOSURES, AND DOING BUSINESS ELECTRONICALLY. YOU CONSENT TO USING ELECTRONIC SIGNATURES, HAVING ALL DISCLOSURES PROVIDED OR MADE AVAILABLE TO YOU IN ELECTRONIC FORM AND TO DOING BUSINESS WITH PATHWARD ELECTRONICALLY. YOU ACKNOWLEDGE THAT YOU MAY REQUEST A PAPER COPY OF THE ELECTRONIC RECORDS AND DISCLOSURES, WHICH PATHWARD WILL PROVIDE TO YOU AT NO CHARGE.

BY CLICKING THE "I DO NOT AGREE" BUTTON BELOW, YOU ACKNOWLEDGE YOU HAVE READ THE INFORMATION ABOUT ELECTRONIC SIGNATURES, RECORDS, DISCLOSURES, AND DOING BUSINESS ELECTRONICALLY AND DO NOT WISH TO USE ELECTRONIC SIGNATURES AND/OR CONDUCT THIS TRANSACTION ELECTRONICALLY. YOU ALSO UNDERSTAND AND ACKNOWLEDGE THAT YOUR CONSENT TO ELECTRONIC DISCLOSURES IS REQUIRED TO USE THE REFUND DISBURSEMENT SERVICE WITH PATHWARD OVER THE INTERNET.

PLEASE NOTE: YOU SHOULD PRINT OR SAVE A COPY OF THIS DOCUMENT FOR YOUR RECORDS.

ELECTRONICALLY SIGN HERE:

I AGREE or **I DO NOT AGREE**

EFIN **530844**

PATHWARD, N.A., REFUND DISBURSEMENT SERVICE DISCLOSURES
PLEASE READ THIS IMPORTANT INFORMATION BEFORE SIGNING THE APPLICATION

If you are owed a federal tax refund, you have the right to choose how you will receive the refund. There are several options available to you. Some options are free. The Tax Refund Disbursement Service Option is not a free option, and the fees are outlined below.

You can file your tax return electronically or by paper and obtain your refund directly from the IRS for free. The IRS can send your refund either by check mailed directly to you by U.S. Mail, or by direct deposit to your bank/credit union account. Options available to you to receive your refund directly from the IRS include:

Filing Method	Disbursement	Estimated Availability of Funds*	Tax Preparation Fees
Paper Return	IRS Issued Check	Could take 5 weeks or more	You Pay Preparer Directly
Paper Return	IRS Direct Deposit	Could take 4 weeks or more	You Pay Preparer Directly
E-File	IRS Issued Check	Within 28 days	You Pay Preparer Directly
E-File	IRS Direct Deposit	Within 21 days	You Pay Preparer Directly

*The estimates shown above are from the IRS and do not include any additional time that may be required for your bank to make the funds available to you after the refund is deposited to your account, or for IRS mail delivery. Taxpayers who claim the Earned Income Tax Credit or the Additional Child Tax Credit may experience a refund hold.

You may also file your state tax return and obtain your refund directly from the State taxing authority for free.

You can file your federal or state tax return electronically and obtain your refund through the Refund Disbursement Service provided by Pathward, National Association (hereinafter referred to as "we," "us," and "our") for a fee. If you choose to receive your refund through our Refund Disbursement Service (the "Disbursement Service" or "Service"), your tax refund will be sent by the government to a temporary special purpose deposit account with us, from which we will send you the refund amount after we have made all deductions authorized by you. The table below contains information about the Service:

Filing Method	Disbursement Options Available	IRS Estimated Availability of Funds	Tax Preparation Fees and other Authorized Disbursements
E-FIle	Direct Deposit*, Prepaid Card	Within 21 days	Paid from Refund Proceeds

** Please allow additional time for direct deposit processing at your bank.*

Fees related to the Service: If you decide to use our Service, fees vary based upon the disbursement option you select. These options and fees are set out in the chart below. A 1st refund disbursement fee is charged if you receive just one tax refund (whether federal or state). Additional disbursement fees are charged for all deposits received after the 1st Refund. If you use our Service, the disbursement fees charged will be deducted from the tax refund proceeds you receive and can reduce the amount you can expect from your tax refund.

Disbursement Options and Costs (Fees vary)	Disbursement Fees
New FasterMoney® Visa Prepaid Card. Refund Disbursement Fees apply. No monthly fees for the first 30 days after issuance. Card will be issued to Primary Applicant in the case of a joint return. See Cardholder Agreement for complete details, including all other fees, related to use of the prepaid card.	1st Deposit: $15.00 Other Deposits: $0.00
ACH Credit (direct deposit) to existing bank account or other prepaid card. Rejected disbursements will be disbursed via paper check.	1st Deposit: $15.00 Other Deposits: $0.00

Other important information:

- No one can guarantee whether, when or in what amount a tax refund will be issued. Neither the IRS nor state revenue departments guarantees a specific date that a tax refund will be received by mail or deposited to a bank account, whether or not you use this Service.
- The use of our Service will not provide a speedier payment of your refund than you can obtain for yourself through electronic filing and requesting the direct deposit to your own bank or credit union account.
- If you are receiving a refund, note that decreasing your tax withholdings in a future year could increase your net pay amount (take-home pay). Consult with tax advisor for tax planning advice.
- For other low-cost deposit accounts and prepaid cards offered by Pathward, N.A., visit: www.myfastermoney.com
- Once your tax return is filed, you may visit https://www.irs.gov/ and click on 'Get Your Refund Status' to learn information about the processing of your refund.

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REFUND DISBURSEMENT SERVICE APPLICATION AND AGREEMENT

1. **Parties.** In this Refund Disbursement Service Application ("**Application**"), as well as the attached Refund Disbursement Agreement ("**Agreement**" or collectively the "**Application and Agreement**"), the terms "**you**" and "**your**" mean the person signing as the "**Applicant**" (or, if a joint return is being filed, both "**Primary Applicant**" and "**Joint Applicant**"). The terms "**Pathward**" "**we**," "**us**," and "**our**" mean Pathward, National Association.

2. **REFUND DISBURSEMENT SERVICE.** You authorize us (i) to set up a "TEMPORARY SPECIAL PURPOSE DEPOSIT BANK ACCOUNT" (the **Account**") for you to receive a direct deposit of your tax refund(s) as well as any and all funds sent to us for disbursement from the Internal Revenue Service ("**IRS**") and/or state taxing authorities ("**Tax Refund(s)**"); (ii) to hold the Tax Refund(s) proceeds temporarily in escrow in the Account for the disbursements authorized herein; and (iii) to disburse all fees and charges, including but not limited to any Refund Disbursement Fees and tax preparation fees, and other authorized amounts (the "**Refund Disbursement Service**" or "**Service**").

3. **DEPOSITS AND AUTHORIZED DISTRIBUTIONS FROM ACCOUNT.** You agree the Account will be set up to receive the electronic direct deposit of your federal and/or state Tax Refund(s). You authorize us to distribute first from the Account all authorized deductions itemized below (including fees owing to us) and amounts owing to third parties, with the remaining balance of your Tax Refund(s), if any, to be distributed to you as directed herein. Furthermore, we will hold your Tax Refund(s) in this Account solely for your benefit and only until your Tax Refund(s) have been fully disbursed, and thereafter we will terminate and close the account. You cannot make any deposits into the Account other than your Tax Refunds. You cannot make any withdrawals from this Account except as authorized herein or take any other action with respect to the Account. The Account is non-interest bearing so you will receive no interest on funds (your Tax Refund proceeds) held in the Account.

4. **RECEIPT AND APPLICATION OF TAX REFUND(S).** You authorize your Tax Preparer (as defined below) to direct the IRS (and state taxing authority, if applicable) to disburse your Tax Refund(s) for the 2024 tax year electronically to the Account by direct deposit. You authorize Tax Preparer to submit this Application to us on your behalf. You appoint us as your agent for all purposes necessary to carrying out the Service. You acknowledge that your refund may be delayed if you have claimed the Earned Income Tax Credit or the Additional Child Tax Credit, and it may be delayed or returned to the IRS if fraud or identity theft is suspected.

5. **DISBURSEMENT OPTIONS.** After disbursing the authorized deductions itemized below (including remitting fees and loan payments, if any, owing to us) and amounts owing to third parties, the remaining balance of your Tax Refund(s) will be disbursed to you via prepaid card, or direct deposit, as you direct. **Please review the Disbursement Options listed above carefully as the fees associated with Tax Refund(s) disbursements vary depending on the option you select. You may select the option in which you wish to receive the proceeds, if any, owing to you.** If information we receive from you or your representative relating to your chosen disbursement option, such as address or bank account information, is inaccurate or incorrect, you will be responsible for any loss as a consequence of any check or funds transfer made using such erroneous information. In addition, if any transfer is rejected by your financial institution, or if a transfer cannot be accomplished for any other reason, then we will deliver the proceeds owing to you by paper check.

6. **USE AND DISCLOSURE OF TAX RETURN INFORMATION.** You authorize us to use your 2024 tax return and refund information to offer the Services. You authorize us to share your 2024 tax return and refund information with (i) your Tax Preparer, (ii) any applicable service bureau, transmitter, and third parties involved in the Service, and/or (iii) others (including governmental entities) as necessary for the Service and to detect or report suspicious or fraudulent tax returns and/or possible fraudulent activity, as permitted by law. You authorize us to provide your Tax Preparer and any applicable service bureau and/or transmitter information regarding the Account and to perform any actions they deem necessary to verify the accuracy of information contained in this Agreement. You agree we may submit inquiries to the IRS and or state taxing authorities to check on the status of your Tax Refund(s). You may not revoke any of the foregoing authorizations except as permitted by applicable law. You may authorize us to share information with certain of our affiliates and non-affiliates by your separate agreement. **For further information about our privacy policies, see the Privacy Policy at the end of this Agreement.**

7. **ACKNOWLEDGEMENT REGARDING TAX PREPARER.** You acknowledge you are receiving and submitting your Application and Agreement to an independent third party authorized to prepare your tax returns (your "**Tax Preparer**"). You have the right to complete and submit your own tax return(s) to the IRS (or state taxing authority) without the use of this Service or without the use of a Tax Preparer. If you elect to use the Service, only returns transmitted to us by a Tax Preparer acceptable to us will be eligible for the Service. Your Tax Preparer is solely responsible for preparing and/or filing your tax returns, and you affirm that you have chosen the Tax Preparer for your own reasons and/or convenience, without our recommendation or endorsement. We will not verify the Tax Preparer's returns for accuracy, compliance, completeness or filing errors. You agree that your Tax Preparer (i) is fully authorized to act as your agent for all purposes necessary to effect the purpose of this Agreement, (ii) has so acted as your agent in connection with the completion and transmission of this Agreement to us, (iii) is acting as your agent to arrange and/or accept delivery of your Paper Check(s) or Prepaid Card as selected by you under this Application and Agreement, if any. You authorize us to rely upon information communicated on your behalf by the Tax Preparer. You absolve and will not hold us liable if your Tax Preparer (i) negligently or intentionally fails to give us accurate information about you, (ii) makes a mistake in the preparing of your tax return(s) or makes any other error or omission in submitting the same for filing, or (iii) fails to deliver a Paper Check or Prepaid Card to you. You also agree that if we are legally required to give you any specific notices or disclosures, we may deliver such information to your Tax Preparer as your agent.

8. **QUESTIONS AND CONCERNS.** If you have a question regarding the Account or Service, or believe an unauthorized transaction has been made, contact us IMMEDIATELY by telephone at 888-782-0860, or write to 5501 S. Broadband Lane, Sioux Falls, SD 57108 ("**Notice Address**"). Please include your name and account number, and a brief description of the issue, including the amount and date of the transaction in question. We will investigate your question or your claim. You agree to cooperate with us. If you do not contact us within a reasonable time, it may affect our ability to help.

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9. **MISCELLANEOUS.** No one can, and we do not, guarantee the amount of your Tax Refund(s), if any, or the date on which any such amount may be received. Furthermore, you understand that your requests made in the Application and Agreement may be denied for any reason. By signing this Application and Agreement, you agree that we may assign, sell, or transfer all or part of our rights arising under this Agreement, in whole or in part, to a third party or to an affiliate. You may not assign your rights and responsibilities under this Agreement. You agree that any document completed and/or signed by you that is sent to us by facsimile or electronic means will be valid and binding as the original of the document in question. This Agreement shall be governed by the laws of the State of South Dakota and applicable federal laws; except that the **Arbitration Provision** and **Jury Trial Waiver Provision** set forth below shall be governed solely by federal law. The provisions of this Agreement, including but not limited to the Arbitration Provision, shall survive the termination or assignment of this Agreement and/or the completion of the transactions contemplated herein, including the disbursement to you of your net Tax Refund proceeds and/or the filing for protection of the bankruptcy courts by any party to this Agreement. Except as set forth in the Arbitration Provision, if any provision of this Application and Agreement is deemed invalid or prohibited by applicable law, such provision shall be ineffective to the extent of such invalidity or prohibition; but the remainder of such provisions or the remaining provisions of this Agreement will remain enforceable. Any headings or captions are intended solely for convenience or reference purposes and shall not constitute part of this Agreement.

10. **LIABILITY RELEASE AND DAMAGE LIMITATION. By signing this Application and Agreement, you agree that we are not responsible to reimburse you for any payment or disbursement which is made by us in accordance with this Agreement, and you hereby release us from any such liability for having made such payment or disbursement. You agree that we are not liable or responsible to you or joint recipients of your Tax Refund(s), for (i) a taxing authority's failure to make a Tax Refund payment or disburse a Tax Refund in a complete or timely fashion, (ii) a taxing authority's allowance of an off-set against your Tax Refund(s), or paying your Tax Refund(s) to an improper taxpayer or account, or (iii) a Tax Preparer's acts, errors or omission of in (a) preparing and/or filing your return, (b) handling or delivering of any check or Prepaid Card as required herein, or (c) complying with its duties under this Agreement.** Subject to the foregoing, we will not be liable to you under the Agreement or Service, except for our own and unilateral failure to exercise ordinary care in carrying out the Service and except for violations of law where you are granted a private right of action by the controlling law. We shall not be in violation of the obligation of "ordinary care" by a mistake in fact or judgment based upon our honesty-in-fact reasoned belief and conduct. You further agree that clerical error, inadvertence or oversight, absent proven willful intent, will not be oppression, fraud or malice or a wrongful, intentional or grossly negligent act, error or omission. If we are found to have breached this Agreement or otherwise acted negligently with respect to the Service, you will be entitled to recover your direct losses and damages; but in no event will you be entitled to recover from us any indirect, consequential, punitive, reliance, exemplary or special damages, including but not limited to attorney fees or court costs, even if the same damage(s) were reasonably foreseeable or we had been advised in advance by you of same. We will not be liable for physical or legal circumstances beyond our control (such as fire, flood, intervening conduct of others, etc.), or for delay that results if the contemplated disbursements to you are delayed because of defect or interruption of any system associated with the transfer.

DO NOT SIGN THIS AGREEMENT UNTIL YOU READ ALL OF THE TERMS (INCLUDING THE ARBITRATION PROVISION) AND THE APPLICATION FOLLOWING THIS AGREEMENT. THE SERVICE IS COMPLETELY OPTIONAL, NOT REQUIRED IN ORDER TO FILE YOUR TAXES OR RECEIVE A TAX REFUND, AND PROVIDED IN EXCHANGE FOR YOU PAYING A FEE. CALL (888) 782-0860 IF YOU STILL HAVE QUESTIONS ABOUT THE APPLICATION AND AGREEMENT.

11. **ARBITRATION PROVISION**. By signing this Application and Agreement, you agree to this Arbitration Provision, which will have a substantial impact on how legal claims among you, us and certain related parties are resolved. In arbitration, a neutral third-party Arbitrator resolves Disputes in a private informal hearing, **without a judge or a jury**. Pre-hearing fact finding is limited. Appeals are limited.

Right to Opt Out. If you do not want this Arbitration Provision to apply, send a written (not electronic) notice to our Notice Address within 60 calendar days after your first disbursement. Include your name, address and Social Security Number and state that you opt out of the Arbitration Provision. These procedures must be followed to opt out. Opting out will not affect any other provisions of this Agreement.

This Arbitration Provision governs you, us and "Related Parties": (1) our parents, subsidiaries, affiliates, and their successors and assigns; (2) our employees, directors, officers, shareholders, members and representatives; and (3) any person or entity that is involved in a Dispute you pursue at the same time you pursue a related Dispute with us.

"Disputes" broadly includes all claims, disputes or controversies, whether past, present or future, which arise from or relate to your Application, this Agreement, the Service or the relationships resulting therefrom, including claims based on constitution, statute, regulation, ordinance, contracts, torts, negligence, fraud or other intentional wrongs and equity. It includes data breach claims and claims related to the validity in general of this Agreement. However, disputes about the validity, coverage or scope of this Arbitration Provision or any part thereof are for a court (not an Arbitrator) to decide. Moreover, small claims court actions by you, us or a Related Party are not subject to arbitration, unless they are transferred, removed or appealed to a different court.

Administration. Arbitrations are conducted by, and under the applicable rules of, either the American Arbitration Association ("AAA"), 120 Broadway, 21st Floor, New York, NY 10271, www.adr.org; JAMS, 620 Eighth Avenue, 34th Floor, New York, NY 10018, www.jamsadr.com; or any other administrator agreed to by the parties. If none of these options is available, a court with jurisdiction will pick the administrator or arbitrator, who must abide by the terms of this Arbitration Provision. The Arbitrator must be a lawyer with at least ten years of experience or a retired judge unless you and we otherwise agree. The AAA and JAMS Rules explain how to start an arbitration.

Election. If a party asserts a Dispute in court and the other party elects arbitration, the Dispute shall be arbitrated. Even if all parties have opted to litigate a Dispute in court, you, we or a Related Party may elect arbitration with respect to any Dispute made by a new party or any Dispute later asserted by a party in that lawsuit or in any related or unrelated lawsuit (including a Dispute initially asserted on an individual basis but modified to be asserted on a class, representative, or multi-party basis), without waiving any rights under this Arbitration Provision.

Class Action Waiver. If a Dispute is arbitrated, no party will have the right: (a) to participate in a class action, private attorney general action or other representative action in court or in arbitration, either as a class representative or class member; or (b) to join or consolidate Disputes with Disputes of any other persons or entities. No Arbitrator shall have authority to conduct any arbitration in violation of this provision or to issue any relief that applies to any person or entity other than you, us and/or Related Parties individually.

Governing Law. The Federal Arbitration Act ("FAA") governs this Arbitration Provision. The Arbitrator must follow applicable substantive law, consistent with the FAA, and honor statutes of limitation and privilege rights. The arbitrator may award any damages or other relief that would apply under applicable law to an individual action brought in court, including, without limitation, punitive damages (governed by Constitutional standards employed by courts) and injunctive, equitable and declaratory relief (but only in favor of the individual party seeking relief and only to the extent necessary to provide relief warranted by that party's individual claim). In the event of any conflict or inconsistency between this Arbitration Provision and the administrator's rules or the Agreement, this Arbitration Provision will govern.

Costs, Hearing, Award. We will pay all filing, administrative, hearing and Arbitrator fees if you act in good faith, cannot get a waiver of such fees, and ask us to pay. If you win an arbitration, we will pay the reasonable fees and costs for your attorneys, experts and witnesses. We will also pay these amounts if required under applicable law or the administrator's rules or if payment is required to enforce this Arbitration Provision. Any in-person arbitration hearing will be held at a place reasonably convenient to you. The Arbitrator's award will be final and binding, except for any appeal rights under the FAA. Any court with jurisdiction may enter judgment upon the Arbitrator's award. No arbitration award involving the parties will have any preclusive effect as to issues or claims in any dispute involving anyone who is not a party to the arbitration, nor will an arbitration award in prior disputes involving other parties have preclusive effect in an arbitration between the parties to this Agreement.

Severability: If any portion of this Arbitration Provision is held to be invalid or unenforceable, the remaining portions shall nevertheless remain in force, subject to two exceptions: (1) If a determination is made that the Class Action Waiver is unenforceable, and that determination is not reversed on appeal, then the Arbitration Provision shall be void in its entirety; and (2) if a determination is made that a public injunctive relief claim may proceed notwithstanding the Class Action Waiver, and that determination is not reversed on appeal, then the public injunctive relief claim will be decided by a court, any individual claims will be arbitrated, and the parties will ask the court to stay the public injunctive relief claim until the other claims have been finally concluded.

12. **JURY TRIAL WAIVER. TO THE EXTENT PERMITTED BY LAW, IF A DISPUTE IS NOT ARBITRATED, YOU AND WE KNOWINGLY AND VOLUNTARILY WAIVE ANY RIGHT TO TRIAL BY JURY IN THE EVENT OF COURT LITIGATION ARISING OUT OF OR RELATED TO THIS APPLICATION AND AGREEMENT.**

For questions complaints and concerns, call (888) 782-0860.

JESUS VILLARREAL

EFIN 530844

REFUND DISBURSEMENT SERVICE APPLICATION

In accordance with the attached Refund Disbursement Service Agreement and as indicated in this Application, upon receipt of your federal and/or state refund(s), you authorize Pathward to disburse your refund(s) as indicated below:

DISBURSEMENT METHOD FOR REFUND AMOUNTS TO YOU

	Disbursement Selection - Please check one box on left to indicate your selection.	Refund Disbursement Fees	
☐	**New FasterMoney® Visa Prepaid Card**. Refund Disbursement Fees apply. No monthly fees for the first 30 days after issuance. Card will be issued to Primary Applicant in the case of a joint return. See Cardholder Agreement for complete details, including all other fees, related to use of the prepaid card.	1st Deposit: Other Deposits:	$15.00 $0.00
☒	**ACH Credit (direct deposit) to existing bank account or other prepaid card.** Refund Disbursement Fees apply. If disbursement is rejected for any reason such as incorrect account information provided by you, we will disburse via paper check. Bank Routing Number: 322281578 Account Number: 10100000907016 Type of Account: ☒ Checking ☐ Savings	1st Deposit: Other Deposits:	$15.00 $0.00

Estimated Itemization of Deductions and Refund Amount Paid to You

Expected Refund Amount* $ 6,956.00

Authorized Fees and Payments Disbursed from Refund

(1)	*Tax Preparation Fees paid to Tax Preparer*	$ 29.99
(2)	*Transmitter Fee paid to* Software Provider	$ 12.95
(3)	*Disbursement Fee(s)† paid to Pathward*	$ 15.00
(4)	*Audit Fee paid to* Protection Plus	$ 29.95
(5)	*Other Authorized Deductions*	$

Estimated Total Deductions ** *[(1)+(2)+(3)+(4)+(5)]* -$ 87.89

Estimated Refund Amount Paid to You †† $ 6,868.11

* **Expected Refund Amount** is an estimate based upon the tax information to be filed with the IRS and/or state taxing authority by your Tax Preparer.

† **Disbursement Fee(s)** include the applicable fees in connection with your selected disbursement option. This amount may be higher if you receive a second deposit, and we only anticipated one deposit (in which case the fees for a second disbursement in connection with your disbursement selection will apply).

Estimated Total Deductions are a good-faith estimate of associated fees and payments to be disbursed from your Tax Refund. All deductions, will be paid upon commencement of disbursement services.

†† **Estimated Refund Amount Paid to You** equals the **Expected Refund Amount** less the **Estimated Total Deductions** and may be made in multiple disbursements. The amount paid to you may be higher or lower if the refund amounts from the IRS or state taxing authorities differ from the **Expected Refund Amount.** *PLEASE NOTE IF YOU RECEIVED A REFUND ADVANCE LOAN FROM US DURING A PRIOR YEAR AND ANY SUCH LOAN(S) WAS NOT REPAID IN FULL, THEN WE MAY OFFSET SUCH OUTSTANDING AMOUNTS USING YOUR 2024 TAX REFUND(S), UNLESS PROHIBITED BY APPLICABLE LAW.*

CERTIFICATIONS:
By signing this Application, you, the Primary Applicant (and Joint Applicant if applicable), hereby certify:

1. The information you have provided is true and accurate.
2. You are at least eighteen (18) years old (or older as required by applicable state law), and have presented to Tax Preparer one of the following valid forms of Picture ID: Driver's License, BMV/DMV State ID, Military ID, Passport, Resident Alien ID, or other Government-Issued Picture ID.
3. **You understand that the Refund Disbursement Service is (i) an optional product offered in exchange for payment of a fee, (ii) not a loan or an extension of credit, (iii) not required in order to file your taxes or receive a Tax Refund.**
4. You received a completed copy of this Application and Agreement, and you have carefully read and considered all of the provisions of this Application and Agreement.
5. You agree that the *"Expected Refund Amount," "Authorized Fees and Payments Disbursed from Refund," "Estimated Total Deductions,"* and *"Estimate Refund Amount Paid to You"* are good-faith estimates based upon the amount of your tax return filings.
6. You authorize that we make each disbursement specified on the *"Authorized Fees and Payments Disbursed from Refund"* prior to disbursing the remaining proceeds to you.
7. You have selected the disbursement option above to receive the remaining proceeds from your Tax Refund(s), if any.
8. You have authorized your Tax Preparer to submit this Application on your behalf.
9. You have read, understand, and agree to all of the terms of this Application and Agreement, including the **ARBITRATION PROVISION AND JURY TRIAL WAIVER.**
10. You understand and agree to be bound by the terms of the Refund Disbursement Service Agreement.

x _____ _____ x _____ _____
Primary Applicant Signature Date Joint Applicant Signature Date
(Joint Applicant signature required if filing joint return.)

USA PATRIOT ACT DISCLOSURE: *IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT: In an effort to protect you and our country, the USA PATRIOT Act was signed into law. To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens a new account. As such, we ask for your name, address, date of birth, and other information that will allow us to identify you. We may ask for a driver's license or other identifying documents. We will share certain of this information with third parties as necessary to fulfill our obligations and as disclosed in this Application and Agreement.*

For questions, complaints and concerns, call toll free at (888) 782-0860.

JESUS VILLARREAL

FACTS

WHAT DO PATHWARD FINANCIAL, INC. AND PATHWARD, NATIONAL ASSOCIATION DO WITH YOUR PERSONAL INFORMATION?

Why?

Financial companies choose how they share your personal information. Federal law gives consumers the right to limit some but not all sharing. Federal law also requires us to tell you how we collect, share, and protect your personal information. Please read this notice carefully to understand what we do.

What?

The types of personal information we collect and share depend on the product or service you have with us. This information can include:

Social Security number and income
Account balances and transaction history
Credit history and assets
When you are *no longer* our customer, we continue to share your information as described in this notice.

How?

All financial companies need to share customers' personal information to run their everyday business. In the section below, we list the reasons financial companies can share their customers' personal information; the reasons Pathward Financial, Inc. and Pathward, National Association choose to share; and whether you can limit this sharing.

Reasons we can share your personal information	Does Pathward share?	Can you limit this sharing?
For our everyday business purposes - such as to process your transactions, maintain your account(s), respond to court orders and legal investigations, or report to credit bureaus	Yes	No
For our marketing purposes - to offer our products and services to you	Yes	No
For joint marketing with other financial companies	Yes	No
For our affiliates' everyday business purposes- Information about your transactions and experiences	No	We do not share
For our affiliates' everyday business purposes- Information about your creditworthiness	No	We do not share
For our affiliates to market to you	No	We do not share
For nonaffiliates to market to you	No	We do not share

Questions? Call 833-898-0023 or go to www.pathwardprivacypolicy.com

JESUS VILLARREAL

Who we are

Who is providing this notice?	Pathward Financial, Inc., and Pathward, National Association (together, "Pathward").

What we do

How does Pathward protect my personal information?	To protect your personal information from unauthorized access and use, we use security measures that comply with federal law. These measures include computer safeguards and secured files and buildings. We also maintain other physical, electronic and procedural safeguards to protect this information and we limit access to information to those employees for whom access is appropriate
How does Pathward collect my personal information?	We collect your personal information, for example, when you Open an account or apply for a loan Make deposits or withdrawals from your account or provide account information Make a wire transfer We also collect your personal information from others, such as credit bureaus, affiliates, or other companies.
Why can't I limit all sharing?	Federal law gives you the right to limit only Sharing for affiliates' everyday business purposes - information about your creditworthiness Affiliates from using your information to market to you Sharing for nonaffiliates to market to you State laws and individual companies may give you additional rights to limit sharing. See below for more on your rights under state law.

Definitions

Affiliates	Companies related by common ownership or control. They can be financial and nonfinancial companies. *Pathward does not share with affiliates.*
Nonaffiliates	Companies not related by common ownership or control. They can be financial and nonfinancial companies. *Pathward does not share with nonaffiliates so they can market to you.*
Joint marketing	A formal agreement between nonaffiliated financial companies that together market financial products or services to you. *Our joint marketing partner(s) include nonaffiliated financial companies that we may partner with to jointly market financial products or services to you.*

Other important information

For California and Vermont Residents: We will not share personal information we collect about you with affiliated and nonaffiliated third parties, except as permitted by law, including, for example, for our own marketing purposes, our everyday business purposes, or with your consent.

For Vermont Residents: We will not share your credit information or information about your creditworthiness, transactions, or experience, other than as permitted by Vermont law, unless you authorize us to make those disclosures.

For Nevada Residents: We are providing you this notice under state law. You may be placed on our internal Do Not Call List by contacting the Privacy Department and requesting an Opt Out of Marketing. If you would like more information about our telemarketing practices and the Nevada Law, you may contact us at Pathward, N.A., Attn: Privacy Department, 5501 S. Broadband Lane, Sioux Falls, South Dakota 57108, and phone number: 833-898-0023. For more information on this law, you may contact Bureau of Consumer Protection, Office of the Nevada Attorney General, 555 E. Washington Ave., Suite 3900, Las Vegas, NV 89101; phone number: 702.486.3132; email: aginfo@ag.nv.gov.

Name(s) as shown on return: JESUS VILLARREAL

Tax Identification Number: 564-13-3259

Supplies

Description	Amount
Supplies	$ 14,620
Total:	**$ 14,620**

Name(s) as shown on return: JESUS VILLARREAL

Tax Identification Number: 564-13-3259

Repairs and Maintenance

Description	Amount
Maintenance	$ 5,490
Total:	**$ 5,490**

1040	Overflow Statement (This page is not filed with the return. It is for your records only.)	2024 Page 1

Name(s) as shown on return: JESUS VILLARREAL

Tax Identification Number: 564-13-3259

Rent Other

Description	Amount
Rent	$ 12,000
Total:	**$ 12,000**

Worksheet B
Form 1040

Earned Income Credit (EIC) - Line 27

(Keep for your records)

2024

Name(s) as shown on return: **JESUS VILLARREAL**

Tax ID Number: **564-13-3259**

Use this worksheet if you answered "Yes" to Step 5, question 2.

- Complete the parts below (Parts 1 through 3) that apply to you. Then, continue to Part 4.
- If you are married filing a joint return, include your spouse's amounts, if any, with yours to figure the amounts to enter in Parts 1 through 3.

Part 1

Self-Employed, Members of the Clergy, and People With Church Employee Income Filing Schedule SE

1a.	Enter the amount from Schedule SE, Part I, line 3.		**1a**	
b.	Enter any amount from Schedule SE, Part I, line 4b and line 5a.	+	**1b**	
c.	Combine lines 1a and 1b.	=	**1c**	
d.	Enter the amount from Schedule SE, Part I, line 13.	-	**1d**	
e.	Subtract line 1d from line 1c.	=	**1e**	

Part 2

Self-Employed NOT Required To File Schedule SE

For example, your net earnings from self-employment were less than $400.

2. Don't include on these lines any statutory employee income, any net profit from services performed as a notary public, any amount exempt from self-employment tax as the result of the filing and approval of Form 4029 or Form 4361, or any other amounts exempt from self-employment tax.

a.	Enter any net farm profit or (loss) from Schedule F, line 34; and from farm partnerships, Schedule K-1 (Form 1065), box 14, code A*.		**2a**	
b.	Enter any net profit or (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, code A (other than farming)*.	+	**2b**	(29,209)
c.	Combine lines 2a and 2b.	=	**2c**	(29,209)

**If you have any Schedule K-1 amounts, complete the appropriate line(s) of Schedule SE, Part I. Reduce the Schedule K-1 amounts as described in the Partner's Instructions for Schedule K-1. Enter your name and social security number on Schedule SE and attach it to your return.*

Part 3

Statutory Employees Filing Schedule C

3.	Enter the amount from Schedule C, line 1, that you are filing as a statutory employee.	**3**	

Part 4

All Filers Using Worksheet B

4.	Combine lines 1e, 2c, and 3. **This is your total self-employed income.**	**4**	(29,209)

Need more information or forms? Visit IRS.gov.

Adjusted Qualified Education Expenses Worksheet

Form 8863 (This page is not filed with the return. It is for your records only.) **2024**

Name(s) as shown on return	Tax ID Number
JESUS VILLARREAL	**564-13-3259**
Student name	Student Tax ID Number
JESUS VILLARREAL	**564-13-3259**

1.	Total qualified education expenses paid for or on behalf of the student in 2024 for the academic period	**3,810**
2.	Less adjustments:	
a.	Tax-free educational assistance received in 2024 allocable to the academic period	
b.	Tax-free educational assistance received in 2025 (and before you file your 2024 tax return) allocable to the academic period	
c.	Refunds of qualified education expenses paid in 2024 if the refund is received in 2024 or in 2025 before you file your 2024 tax return	
3.	Total adjustments (add lines 2a, 2b, and 2c)	
4.	Adjusted qualified education expenses. Subtract line 3 from line 1. If zero or less, enter -0-	**3,810**

	Account Transaction Summary	2024
Name(s) as shown on return		Tax ID Number
JESUS VILLARREAL		XXX-XX-3259

******* EPS Bank Product ********

You are getting this message because you have chosen a bank product. A temporary account has been setup by EPS through which the refund product will be routed:

Account #1

Financial Institution	Pathward Bank
Routing Transit Number	291471024
Account Number	22541005641332597
Account Type	checking

Federal Main Form	
Federal Deposit	5,653
State Main Form(s)	
CA Deposit	1,303
Net Deposit	**6,956**

The total refund (minus fees if Applicable) will be direct deposited into the customer's chosen bank account:

Routing Transit Number	322281578
Account Number	10100000907016
Account Type	Checking

******* End of Bank Product ********

PLEASE VERIFY BANK INFORMATION

1. Bank Name
2. Bank Routing Transit Number
3. Bank Account Number
4. Bank Account Type

This information is used to deposit your refund or to pay any amount due. If you have provided incorrect information, or you have closed the account, you are responsible.

I have reviewed the above information and certify that this information is correct and authorize to use this account.

Your Signature	Date	Spouse's Signature (If Married Filing Jointly)	Date

1040.com ("we","us",and "our")

Federal law requires this consent form be provided to you ("you" refers to each taxpayer, if more than one). Unless authorized by law, we cannot use your tax return information for purposes other than the preparation and filing of your tax return without your consent.

You are not required to complete this form to engage our tax return preparation service. If we obtain your signature on this form by conditioning our tax return preparation services on your consent, your consent will not be valid. Your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year from the date of signature.

If you do not consent, then you may still have your tax return prepared and electronically filed by us for a fee.

For your convenience, we have entered into arrangements with certain third parties to provide qualifying taxpayers with the opportunity to apply for financial products (loan, electronic refund check, or electronic refund deposit). To determine whether these products may be available to you, we will need to use your 2024 tax return information by analyzing it and calculating the amount of your anticipated refund. If you would like us to use your 2024 tax return information to determine whether these products may be available to you while we are preparing your return, please sign and date this consent to the use of your tax return information.

By typing in your full name (type in both taxpayers' name if this is a joint consent) in the boxes indicated below and then clicking "Accept," you authorize us to use the information you provide to us during the preparation of your 2024 tax return to determine whether to present you with the opportunity to apply for these products.

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484, or by email at complaints@tigta.treas.gov.

Please print this completed consent or save it in electronic form.

Enter JESUS's full name here:

JESUS VILLARREAL

Today's date:

01-27-2025

Consent to Disclosure of Tax Return Information

1040.com ("we","us",and "our")

Federal law requires this consent form be provided to you ("you" refers to each taxpayer, if more than one). Unless authorized by law, we cannot disclose your tax return information to third parties for purposes other than the preparation and filing of your tax return without your consent. If you consent to the disclosure of your tax return information, Federal law may not protect your tax return information from further use or distribution.

You are not required to complete this form to engage our tax return preparation services. If we obtain your signature on this form by conditioning our tax return preparation services on your consent, your consent will not be valid. If you agree to the disclosure of your tax return information, your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year from the date of signature.

You have indicated that you are interested in receiving an electronic disbursement service or loan from EPS Financial, a division of Pathward, National Association. To have your application processed by EPS Financial, we must disclose all of your 2024 tax return information. You have the right to request a more limited disclosure of tax return information, however you will not be eligible to apply for this product or service.

If you would like us to disclose your 2024 tax return information for this purpose, please sign and date your consent to the disclosure of your tax return information. By typing in your full name (type in both taxpayers' names if this is a joint consent) in the boxes indicated below and then clicking "Accept," you authorize us to disclose to EPS Financial all of your 2024 tax return information to process your application for this product or service.

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484, or by email at complaints@tigta.treas.gov.

Please print this completed consent or save it in electronic form for your records.

Enter JESUS's full name here:

JESUS VILLARREAL

Today's date:

01-27-2025

Consent to Disclosure of Tax Return Information

For the purposes of this consent form "we," "us" and "our" mean
(Printed name of tax preparer) 1040.com

Federal law requires this consent form be provided to you (“you” refers to each taxpayer, if more than one). Unless authorized by law, we cannot disclose your tax return information to third parties for purposes other than the preparation and filing of your tax return without your consent. If you consent to the disclosure of your tax return information, Federal law may not protect your tax return information from further use or distribution.

You are not required to complete this form to engage our tax return preparation services. If we obtain your signature on this form by conditioning our tax return preparation services on your consent, your consent will not be valid. If you agree to the disclosure of your tax return information, your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year from the date of signature.

You have indicated that you are interested in purchasing audit protection services from Tax Protection Plus, LLC (“TPP”). To provide you with these services from TPP, we must disclose that portion of your 2024 tax return information that is necessary for TPP to contact you to provide the audit protection services, including your contact information and tax return funding status. You may request a more limited disclosure of tax return information, but you may not be eligible to purchase the audit protection services. If you would like us to disclose portions of your 2024 tax return information to TPP for this purpose, please sign and date this consent to disclosure of tax return information.

By signing below, you authorize us to disclose to TPP your 2024 tax return information necessary so that they can evaluate and process your request for audit protection services. You understand that if you are not willing to authorize us to share your tax return information with TPP, you will not be able to obtain the audit protection services, but you can still choose to have your tax return prepared and filed by us for a fee.

Printed Name of Taxpayer: JESUS VILLARREAL

Taxpayer Signature: _____ Date: 01-27-2025

Printed Name of Joint Taxpayer: _____

Joint Taxpayer Signature: _____ Date: _____

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484, or by email at *complaints@tigta.treas.gov.*

Carryover Worksheet
List of items that will carryover to the 2025 tax return

(This page is not filed with the return. It is for your records only.)

2024

Name(s) as shown on return: **JESUS VILLARREAL**

Tax ID Number: **564-13-3259**

Itemized Deductions

	Carryover Amount
Contributions subject to 100% of AGI limitations	
Contributions subject to 60% of AGI limitations	
Contributions subject to 30% of AGI limitations (50% capital gains appreciated property)	
Contributions subject to 30% of AGI limitations	
Contributions subject to 20% of AGI limitations (30% capital gains appreciated property)	
Taxable state and local refunds to Schedule 1 (Form 1040) line 1	
State/local taxes paid in 2025 to flow to the Schedule A	
State donations and contributions carryover	
State overpayment applied to next year	

Expenses

Office in home operating expenses				
Office in home excess casualty losses and depreciation				
Disallowed investment interest expense	AMT		Reg. Tax	
Section 179 expense				
Operating expenses, from Form WK_E, Sch E - Rental limitation on deductions when used for personal use				
Excess depreciation, from Form WK_E, Sch E - Rental limitation on deductions when used for personal use				

Losses

Short-term capital loss	AMT		Reg. Tax	
Long-term capital loss	AMT		Reg. Tax	
Net operating loss	AMT		Reg. Tax	
Excess business loss from Form 461 (becomes part of NOL next year)	AMT		Reg. Tax	
Qualified REIT and PTP loss carryover				
QBI loss carryover				**29,209**
Nonrecaptured net section 1231 losses from WK_1231C	AMT		Reg. Tax	

Credits

Mortgage interest credit				
Credit for prior year minimum tax				
Foreign Tax credit	AMT		Reg. Tax	
District of Columbia first time home owner's credit				
Residential clean energy credit				

Other

Preparer Fee				**55**
Overpayment applied to next year's estimates				
Estimated Tax Payment 1			Estimated Tax Payment 2	
Estimated Tax Payment 3			Estimated Tax Payment 4	
Federal tax liability for 2210 calculation				**0**
State tax liability for state 2210 calculation				
IRA basis	Taxpayer		Spouse	
Disaster distributions taxable in 2025	Taxpayer		Spouse	
Disaster distributions taxable in 2026	Taxpayer		Spouse	
Excess repayments from 8915-F	Taxpayer		Spouse	

Passive Activity

At Risk Limitations

Schedule C Comparison

(This page is not filed with the return. It is for your records only.)

2024

Name of proprietor: **JESUS VILLARREAL**

Tax ID Number: **564-13-3259**

Principal business: **RESIDENTIAL CONSTRUCTION**

Business name: **construction**

	2023	2024	Difference
Income			
Gross Receipts or sales	2,415	2,901	486
Returns & allowances			
Cost of goods sold			
Gross profit	2,415	2,901	486
Other income			
Gross income	2,415	2,901	486
Expenses			
Advertising			
Car and truck expenses			
Commissions and fees			
Contract labor			
Depletion			
Depreciation & section 179			
Employee benefit programs			
Insurance			
Mortgage interest			
Other interest			
Legal & Professional services			
Office expense	2,461		(2,461)
Pension & profit-sharing			
Rent or lease - machinery	3,461		(3,461)
Rent or lease - other property	9,864	12,000	2,136
Repairs & maintenance	3,465	5,490	2,025
Supplies	19,165	14,620	(4,545)
Taxes and licenses			
Travel			
Deductible meals			
Utilities			
Wages			
Other expenses			
Total expenses	38,416	32,110	(6,306)
Business use of home			
Net profit or (loss)	(36,001)	(29,209)	6,792
Allowed on return after Form 6198 and Form 8582 limitations	(36,001)	(29,209)	6,792

Form **8995**

Department of the Treasury
Internal Revenue Service

Qualified Business Income Deduction Simplified Computation

Attach to your tax return.

Go to *www.irs.gov/Form8995* for instructions and the latest information.

OMB No. 1545-2294

2024

Attachment Sequence No. **55**

Name(s) shown on return

JESUS VILLARREAL

Your taxpayer identification number

564-13-3259

Note: *You can claim the qualified business income deduction **only** if you have qualified business income from a qualified trade or business, real estate investment trust dividends, publicly traded partnership income, or a domestic production activities deduction passed through from an agricultural or horticultural cooperative. See instructions.*

Use this form if your taxable income, before your qualified business income deduction, is at or below $191,950 ($383,900 if married filing jointly), and you aren't a patron of an agricultural or horticultural cooperative.

1	**(a)** Trade, business, or aggregation name	**(b)** Taxpayer identification number	**(c)** Qualified business income or (loss)
i	**Schedule C: construction**	**564-13-3259**	**(29,209)**
ii			
iii			
iv			
v			

2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	2	**(29,209)**		
3	Qualified business net (loss) carryforward from the prior year	3	( )		
4	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-	4	**0**		
5	Qualified business income component. Multiply line 4 by 20% (0.20)			5	**0**
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions)	6	**0**		
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year	7	( )		
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0-	8	**0**		
9	REIT and PTP component. Multiply line 8 by 20% (0.20)			9	**0**
10	Qualified business income deduction before the income limitation. Add lines 5 and 9			10	**0**
11	Taxable income before qualified business income deduction (see instructions)	11	**4,793**		
12	Enter your net capital gain, if any, increased by any qualified dividends (see instructions)	12	**0**		
13	Subtract line 12 from line 11. If zero or less, enter -0-	13	**4,793**		
14	Income limitation. Multiply line 13 by 20% (0.20)			14	**959**
15	Qualified business income deduction. Enter the smaller of line 10 or line 14. Also enter this amount on the applicable line of your return (see instructions)			15	**0**
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0-			16	(**29,209**)
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-			17	(**0**)

For Privacy Act and Paperwork Reduction Act Notice, see instructions. Form **8995** (2024)

EEA

Amount from Form 1040, line 11..... 21,343
Amount from Form 1040, line 12..... 16,550

Line 11 above is the difference between these amounts..... 4,793

Worksheet 1
Forms 1040

Social Security Benefits Worksheet
Figuring Your Taxable Benefits

(This page is not filed with the return. It is for your records only.)

2024

Name(s) as shown on return: **JESUS VILLARREAL**

Tax ID Number: **564-13-3259**

Before you begin:

- If you are married filing separately and you **lived apart** from your spouse for all of 2024, enter "D" to the right of the word "benefits" on Form 1040 or 1040-SR, line 6a.
- Don't use this worksheet if you repaid benefits in 2024 and your total repayments (box 4 of Forms SSA-1099 and RRB-1099) were more than your gross benefits for 2024 (box 3 of Forms SSA-1099 and RRB-1099). None of your benefits are taxable for 2024. For more information, see *Repayments More Than Gross Benefits*.
- If you are filing Form 8815, Exclusion of Interest From Series EE and I U.S. Savings Bonds Issued After 1989, don't include the amount from line 2b of Form 1040 or 1040-SR on line 3 of this worksheet. Instead, include the amount from Schedule B (Form 1040), line 2.

1.	Enter the total amount from ***box 5*** of **ALL** your **Forms SSA-1099** and **RRB-1099**. Also enter this amount on Form 1040 or 1040-SR, line 6a	**1.** 29,675	
2.	Multiply line 1 by 50% (0.50)	**2.**	14,838
3.	Combine the amounts from Form 1040 or 1040-SR, lines 1z, 2b, 3b, 4b, 5b, 7, and 8	**3.**	17,616
4.	Enter the amount, if any, from Form 1040 or 1040-SR, line 2a	**4.**	
5.	Enter the total of any exclusions/adjustments for: • Adoption benefits (Form 8839, line 28), • Foreign earned income or housing (Form 2555, lines 45 and 50), and • Certain income of bona fide residents of American Samoa (Form 4563, line 15) or Puerto Rico	**5.**	
6.	Combine lines 2, 3, 4, and 5 above	**6.**	32,454
7.	Enter the total of the amounts from Schedule 1 (Form 1040), lines 11 through 20, and 23 and 25	**7.**	
8.	Is the amount on line 7 less than the amount on line 6? **No.** **STOP** None of your social security benefits are taxable. Enter -0- on Form 1040 or 1040-SR, line 6b. **X** **Yes.** Subtract line 7 from line 6	**8.**	32,454
9.	If you are: • Married filing jointly, enter $32,000; or • Single, head of household, qualifying surviving spouse, or married filing separately and you **lived apart** from your spouse for all of 2024, enter $25,000 **Note.** If you are married filing separately and you lived with your spouse at any time in 2024, skip lines 9 through 16, multiply line 8 by 85% (0.85), and enter the result on line 17. Then, go to line 18.	**9.**	25,000
10.	Is the amount on line 9 less than the amount on line 8? **No.** **STOP** None of your benefits are taxable. Enter -0- on Form 1040 or 1040-SR, line 6b. If you are married filing separately and you **lived apart** from your spouse for all of 2024, be sure you entered "D" to the right of the word "benefits" on Form 1040 or 1040-SR, line 6a. **X** **Yes.** Subtract line 9 from line 8	**10.**	7,454
11.	Enter $12,000 if married filing jointly; or $9,000 if single, head of household, qualifying surviving spouse, or married filing separately and you **lived apart** from your spouse for all of 2024	**11.**	9,000
12.	Subtract line 11 from line 10. If zero or less, enter -0-	**12.**	
13.	Enter the **smaller** of line 10 or line 11	**13.**	7,454
14.	Multiply line 13 by 50% (0.50)	**14.**	3,727
15.	Enter the **smaller** of line 2 or line 14	**15.**	3,727
16.	Multiply line 12 by 85% (0.85). If line 12 is zero, enter -0-	**16.**	
17.	Add lines 15 and 16	**17.**	3,727
18.	Multiply line 1 by 85% (0.85)	**18.**	25,224
19.	**Taxable benefits.** Enter the **smaller** of line 17 or line 18. Also enter this amount on Form 1040 or 1040-SR, line 6b	**19.**	3,727

TIP *If you received a lump-sum payment in 2024 that was for an earlier year, also complete Worksheet 2 or 3 and Worksheet 4 to see if you can report a lower taxable benefit.*

TAXABLE YEAR

FORM

2024 California Resident Income Tax Return 540

ATTACH FEDERAL RETURN

564-13-3259 VILL 24 PBA 236100
JESUS VILLARREAL

2957 L ST
SAN DIEGO CA 92102

06-26-1955

Principal Residence

Enter your county at time of filing (see instructions)

SAN DIEGO

If your address above is the same as your principal/physical residence address at the time of filing, check this box X

If not, enter below your principal/physical residence address at the time of filing.

Street address (number and street) (If foreign address, see instructions.) | Apt. no/ste. no.

City | State | ZIP code

Filing Status

If your California filing status is different from your federal filing status, check the box here . . . . . ☐

1 [X] Single

2 [ ] Married/RDP filing jointly (even if only one spouse/RDP had income). See instructions.

3 [ ] Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here.

4 [ ] Head of household (with qualifying person). See instructions.

5 [ ] Qualifying surviving spouse/RDP. Enter year spouse/RDP died. See instructions.

6 If someone can claim you (or your spouse/RDP) as a dependent, check the box here. See instr . . . . 6 ☐

Exemptions

▶ For line 7, line 8, line 9, and line 10: Multiply the number you enter in the box by the pre-printed dollar amount for that line.

Whole dollars only

7 **Personal:** If you checked box 1, 3, or 4 above, enter 1 in the box. If you checked box 2 or 5, enter 2 in the box. If you checked the box on line 6, see instructions. 7 [1] X $149 = $ 149

8 **Blind:** If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2. See instructions . . . . . 8 [ ] X $149 = $

9 **Senior:** If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2. See instructions . . . . . 9 [1] X $149 = $ 149

Your name: JESUS VILLARREAL Your SSN or ITIN: 564133259

10 Dependents: Do not include yourself or your spouse/RDP.

Exemptions

	Dependent 1	Dependent 2	Dependent 3
First Name			
Last Name			
SSN. See instructions.			
Dependent's relationship to you			

Total dependent exemptions . . . . . 10 [ ] X $461 = $ [ ]

11 Exemption amount: Add line 7 through line 10. Transfer this amount to line 32 . . . . . 11 $ 298

Taxable Income

12	State wages from your federal Form(s) W-2, box 16.	12	46825 .00
13	Enter federal adjusted gross income from federal Form 1040 or 1040-SR, line 11.	13	21343 .00
14	California adjustments - subtractions. Enter the amount from Schedule CA (540), Part I, line 27, column B	14	3727 .00
15	Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions	15	17616 .00
16	California adjustments - additions. Enter the amount from Schedule CA (540), Part I, line 27, column C	16	.00
17	California adjusted gross income. Combine line 15 and line 16	17	17616 .00
18	Enter the **larger** of: Your California **itemized deductions** from Schedule CA (540), Part II, line 30; **OR** Your California **standard deduction** shown below for your filing status: • Single or Married/RDP filing separately . . . . . $5,540 • Married/RDP filing jointly, Head of household, or Qualifying surviving spouse/RDP . . $11,080 If Married/RDP filing separately or the box on line 6 is checked, **STOP.** See instructions .	18	5540 .00
19	Subtract line 18 from line 17. This is your **taxable income.** If less than zero, enter -0-	19	12076 .00

Tax

31	Tax. Check the box if from: [X] Tax Table [ ] Tax Rate Schedule • [ ] FTB 3800 • [ ] FTB 3803	31	134 .00
32	Exemption credits. Enter the amount from line 11. If your federal AGI is more than $244,857, see instructions	32	298 .00
33	Subtract line 32 from line 31. If less than zero, enter -0-	33	0 .00
34	Tax. See instructions. Check the box if from: • [ ] Schedule G-1 • [ ] FTB 5870A	34	.00
35	Add line 33 and line 34	35	0 .00

Special Credits

40	Nonrefundable Child and Dependent Care Expenses Credit. See instructions.	40	.00
43	Enter credit name [ ] code [ ] and amount . .	43	.00
44	Enter credit name [ ] code [ ] and amount . .	44	.00

Your name: JESUS VILLARREAL Your SSN or ITIN: 564133259

Special Credits

45	To claim more than two credits, see instructions. Attach Schedule P (540)	45		.00
46	Nonrefundable Renter's Credit. See instructions	46		.00
47	Add line 40 through line 46. These are your total credits	47	0	.00
48	Subtract line 47 from line 35. If less than zero, enter -0-	48	0	.00

Other Taxes

61	Alternative Minimum Tax. Attach Schedule P (540).	61		.00
62	Mental Health Services Tax. See instructions	62		.00
63	Other taxes and credit recapture. See instructions	63		.00
64	Add line 48, line 61, line 62, and line 63. This is your total tax	64	0	.00

Payments

71	California income tax withheld. See instructions	71	1205	.00
72	2024 California estimated tax and other payments. See instructions	72		.00
73	Withholding (Form 592-B and/or Form 593). See instructions	73		.00
74	Reserved for future use	74		.
75	Earned Income Tax Credit (EITC). See instructions	75	98	.00
76	Young Child Tax Credit (YCTC). See instructions	76		.00
77	Foster Youth Tax Credit (FYTC). See instructions	77		.00
78	Add line 71 through line 77. These are your total payments. See instructions	78	1303	.00

Use Tax

91 **Use Tax.** Do not leave blank. See instructions ● 91 .00

If line 91 is zero, check if: ◉ [X] No use tax is owed. ◉ [ ] You paid your use tax obligation directly to CDTFA.

ISR Penalty

92 If you and your household had full-year health care coverage, check the box. See instructions. Medicare Part A or C coverage is qualifying health care coverage. If you did not check the box, see instructions ● [X]

Individual Shared Responsibility (ISR) Penalty. See instructions ● 92 .00

Overpaid Tax/Tax Due

93	Payments balance. If line 78 is more than line 91, subtract line 91 from line 78	93	1303	.00
94	**Use Tax balance.** If line 91 is more than line 78, subtract line 78 from line 91	94		.00
95	Payments after Individual Shared Responsibility Penalty. If line 93 is more than line 92, subtract line 92 from line 93	95	1303	.00
96	Individual Shared Responsibility Penalty Balance. If line 92 is more than line 93, subtract line 93 from line 92	96		.00
97	Overpaid tax. If line 95 is more than line 64, subtract line 64 from line 95	97	1303	.00

Your name: JESUS VILLARREAL Your SSN or ITIN: 564133259

Overpaid Tax/Tax Due

98	Amount of line 97 you want applied to your **2025** estimated tax	**98**		.00
99	Overpaid tax available this year. Subtract line 98 from line 97	**99**	1303	.00
100	Tax due. If line 95 is less than line 64, subtract line 95 from line 64	**100**		.00

Contributions

	Code	Amount
California Seniors Special Fund. See instructions	**400**	.00
Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund	**401**	.00
Rare and Endangered Species Preservation Voluntary Tax Contribution Program	**403**	.00
California Breast Cancer Research Voluntary Tax Contribution Fund	**405**	.00
California Firefighters' Memorial Voluntary Tax Contribution Fund	**406**	.00
Emergency Food for Families Voluntary Tax Contribution Fund	**407**	.00
California Peace Officer Memorial Foundation Voluntary Tax Contribution Fund	**408**	.00
California Sea Otter Voluntary Tax Contribution Fund	**410**	.00
California Cancer Research Voluntary Tax Contribution Fund	**413**	.00
School Supplies for Homeless Children Voluntary Tax Contribution Fund	**422**	.00
State Parks Protection Fund/Parks Pass Purchase	**423**	.00
Protect Our Coast and Oceans Voluntary Tax Contribution Fund	**424**	.00
Keep Arts in Schools Voluntary Tax Contribution Fund	**425**	.00
Prevention of Animal Homelessness & Cruelty Voluntary Tax Contribution Fund	**431**	.00
California Senior Citizen Advocacy Voluntary Tax Contribution Fund	**438**	.00
Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund	**439**	.00
Mental Health Crisis Prevention Voluntary Tax Contribution Fund	**445**	.00
California ALS Research Network Voluntary Tax Contribution Fund	**447**	.00
110 Add amounts in code 400 through code 447. This is your total contribution	**110**	.00

Your name: JESUS VILLARREAL Your SSN or ITIN: 564133259

Amount You Owe

111 **AMOUNT YOU OWE.** If you do not have an amount on line 99, add line 94, line 96, line 100, and line 110. See instructions. **Do not send cash.**
Mail to: **FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001**
Pay Online - Go to **ftb.ca.gov/pay** for more information. . . . **111** .00

Interest and Penalties

112 Interest, late return penalties, and late payment penalties . . . . . **112** .00

113 Underpayment of estimated tax.
Check the box: ☐ **FTB 5805 attached** ☐ **FTB 5805F attached** . . . . . **113** .00

114 Total amount due. See instructions. Enclose, but **do not** staple, any payment . . . . . **114** .00

115 **REFUND OR NO AMOUNT DUE.** Subtract the sum of line 110, line 112, and line 113 from line 99. See instructions.
Mail to: **FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0001** . . **115** 1303 .00

Refund and Direct Deposit

Fill in the information to authorize direct deposit of your refund into one or two accounts. **Do not** attach a voided check or a deposit slip.
See instructions. **Have you verified the routing and account numbers?** Use whole dollars only.
All or the following amount of my refund (line 115) is authorized for direct deposit into the account shown below:

Routing number	Type	Account number	**116** Direct deposit amount
291471024	☒ Checking ☐ Savings	22541005641332597	1303 .00

The remaining amount of my refund (line 115) is authorized for direct deposit into the account shown below:

Routing number	Type	Account number	**117** Direct deposit amount
	☐ Checking ☐ Savings		.00

Voter Info.

For voter registration information, check the box and go to **sos.ca.gov/elections**. See instructions . . . ☐

Health Care Coverage Info.

Do you want information on no-cost or low-cost health care coverage? By checking the "Yes" box, you authorize the FTB to share limited information from your tax return with Covered California. See instructions . . . . . ◉ ☐ Yes ☒ No

Sign your tax return on Side 6

Your name: JESUS VILLARREAL Your SSN or ITIN 564133259

IMPORTANT: See the instructions to find out if you should attach a copy of your complete federal tax return.

Our privacy notice can be found in annual tax booklets or online. Go to **ftb.ca.gov/privacy** to learn about our privacy policy statement, or go to **ftb.ca.gov/forms** and search for **1131** to locate FTB 1131 EN-SP, Franchise Tax Board Privacy Notice on Collection. To request this notice by mail, call 800.338.0505 and enter form code **948** when instructed.

Under penalties of perjury, I declare that I have examined this tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Your signature	Date	Spouse's/RDP's signature (if a joint tax return, both must sign)
JESUS VILLARREAL		

Sign Here

It is unlawful to forge a spouse's/ RDP's signature.

Joint tax return? See instructions.

Your email address. Enter only one email address.	Preferred phone number
JESUSVILLARREAL5055@YAHOO.COM	619-709-0567

Paid preparer's signature **(declaration of preparer is based on all information of which preparer has any knowledge)**

Firm's name (or yours, if self-employed)	PTIN

Firm's address	Firm's FEIN

Do you want to allow another person to discuss this tax return with us? See instructions . . . . ● [ ] Yes [X] No

Print Third Party Designee's Name	Telephone Number

CAWK_AGI	For your records only. Adjusted Gross Income Split Worksheet	2024 AGI FD/ST Summary

Name(s) as shown on state return: JESUS VILLARREAL

Social Security Number: 564-13-3259

Federal 1040 Income and Adjustments		Federal		State	
		Col. A Taxpayer	Col. B Spouse	Col. A Taxpayer	Col. B Spouse
Federal 1040					
1 Wages, salaries, tips, etc.	1	46,825		46,825	
2b **Taxable** interest	2b				
3b Ordinary dividends	3b				
4b Taxable amount of IRA distributions	4b				
5b Taxable amount of Pensions and annuities	5b				
6b Taxable amount of Social security benefits	6b	3,727		3,727	
7 Capital gain or (loss)	7				
8 Other income from Schedule 1	8	(29,209)		(29,209)	
9 Total income (Sum of Lines 1-8)	9	21,343		21,343	
10 Adjustments to income from Schedule 1	10				
11 **Adjusted Gross Income** (line 9 - line 10)	11	21,343		21,343	
Schedule 1 - Additional Income					
1 Taxable refunds, credits, or offsets of state and local income taxes	1				
2a Alimony received	2a				
3 Business income or (loss)	3	(29,209)		(29,209)	
4 Other gains or (losses)	4				
5 Rental real estate, royalties, partnerships, S corporations, trusts, etc.	5				
6 Farm income or (loss)	6				
7 Unemployment compensation	7				
8 Other income	8				
10 Total Additional Income (Sum of lines 1-8)	10	(29,209)		(29,209)	
Schedule 1 - Adjustments to Income					
11 Educator Expenses	11				
12 Certain business expenses of reservists, performing artists, & fee-basis gov. officials	12				
13 Health savings account deduction	13				
14 Moving expenses	14				
15 Deductible part of self-employment tax	15				
16 Self-employed SEP, SIMPLE, and qualified plans	16				
17 Self-employed health insurance deduction	17				
18 Penalty on early withdrawal of savings	18				
19a Alimony paid	19a				
20 IRA deduction	20				
21 Student loan interest deduction	21				
22 Reserved	22				
23 Archer MSA Deduction	23				
24 Other Deductions (see STWK_ADJ)	24				
26 Total Adjustments to income (Sum of lines 11-24)	26				

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TAXABLE YEAR [redacted] SCHEDULE

2024 California Adjustments - Residents CA (540)

Important: Attach this schedule behind Form 540, Side 6 as a supporting California schedule.

Name(s) as shown on tax return: JESUS VILLARREAL

SSN or ITIN: 564-13-3259

Part I Income Adjustment Schedule Section A - Income from federal Form 1040 or 1040-SR		A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions	C Additions See instructions
1 a Total amount from federal Form(s) W-2, box 1. See instructions	1a	46825		
b Household employee wages not reported on federal Form(s) W-2	1b			
c Tip income not reported on line 1a	1c			
d Medicaid waiver payments not reported on federal Form(s) W-2. See instructions	1d			
e Taxable dependent care benefits from federal Form 2441, line 26	1e			
f Employer-provided adoption benefits from federal Form 8839, line 29	1f			
g Wages from federal Form 8919, line 6	1g			
h Other earned income. See instructions	1h			
i Nontaxable combat pay election. See instructions	1i			
z Add line 1a through line 1i	1z	46825		
2 Taxable interest. a	2b			
3 Ordinary dividends. See instructions. a	3b			
4 IRA distributions. See instructions. a	4b			
5 Pensions and annuities. See instructions a	5b			
6 Social security benefits a 29675	6b	3727	3727	
7 Capital gain or (loss). See instructions	7			

Section B - Additional Income from federal Schedule 1 (Form 1040)

1 Taxable refunds, credits, or offsets of state and local income taxes	1			
2 a Alimony received. See instructions	2a			
3 Business income or (loss). See instructions	3	(29209)		
4 Other gains or (losses)	4			
5 Rental real estate, royalties, partnerships, S corporations, trusts, etc	5	0		
6 Farm income or (loss)	6			
7 Unemployment compensation	7			

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Section B - Additional Income Continued		A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions	C Additions See instructions
8 Other income:				
a Federal net operating loss	8a	⊖ ( )		⊖
b Gambling	8b	⊖	⊖	
c Cancellation of debt	8c	⊖	⊖	⊖
d Foreign earned income exclusion from federal Form 2555	8d	⊖ ( )		⊖
e Income from federal Form 8853	8e	⊖		⊖
f Income from federal Form 8889	8f	⊖	⊖	
g Alaska Permanent Fund dividends	8g	⊖		
h Jury duty pay	8h	⊖		
i Prizes and awards	8i	⊖		
j Activity not engaged in for profit income	8j	⊖		
k Stock options	8k	⊖		⊖
l Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	8l	⊖		
m Olympic and Paralympic medals and USOC prize money	8m	⊖		
n IRC Section 951(a) inclusion	8n	⊖	⊖	
o IRC Section 951A(a) inclusion	8o	⊖	⊖	
p IRC Section 461(l) excess business loss adjustment	8p	⊖	⊖	⊖
q Taxable distributions from an ABLE account	8q	⊖		
r Scholarship and fellowship grants not reported on federal Form(s) W-2	8r	⊖		
s Nontaxable amount of Medicaid waiver payments included on federal Form 1040, line1a or line 1d	8s	⊖ ( )		
t Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental IRC Section 457 plan	8t	⊖		
u Wages earned while incarcerated	8u	⊖		
v Digital assets received as ordinary income not reported elsewhere	8v	⊖	⊖	⊖
z Other income. List type and amount. ⊖ _____	8z	⊖	⊖	⊖

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[redacted]

Section B - Additional Income Continued	A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions	C Additions See instructions
9 a Total other income. Add line 8a through line 8z 9a			
b1 Disaster loss deduction from form FTB 3805V 9b1			
b2 NOL deduction from form FTB 3805V 9b2			
b3 NOL deduction from form FTB 3805Z, 3807, or 3809 9b3			
10 **Total.** Add Section A, line 1z through line 7, and Section B, line 1 through line 7, and line 9a in column A and column C. Add Section A, line 1z through line 7, and Section B, line 1 through line 7, line 9a, and line 9b1 through line 9b3 in column B (as applicable). See instructions 10	21343	3727	

Section C - Adjustments to Income

from federal Schedule 1 (Form 1040)

11 Educator expenses 11			
12 Certain business expenses of reservists, performing artists, and fee-basis government officials 12			
13 Health savings account deduction 13			
14 Moving expenses. Attach form FTB 3913. See instructions 14			
15 Deductible part of self-employment tax. See instructions 15			
16 Self-employed SEP, SIMPLE, and qualified plans 16			
17 Self-employed health insurance deduction. See instructions 17			
18 Penalty on early withdrawal of savings 18			
19 a Alimony paid 19a			
b Recipient's: SSN			
Last Name			
20 IRA deduction 20			
21 Student loan interest deduction 21			
22 Reserved for future use 22			
23 Archer MSA deduction 23			

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TAXABLE YEAR

FORM

2024 California Earned Income Tax Credit 3514

Attach to your California Form 540, Form 540 2EZ, or Form 540NR.

Name(s) as shown on tax return

JESUS VILLARREAL

Your SSN or ITIN

564-13-3259

If you are separated from your spouse/registered domestic partner (RDP), filing a separate return, and meet the requirements to claim the California Earned Income Tax Credit (EITC) (see instructions), check here . . . . . ☐

Before you begin:

If you claim the California EITC even though you know you are not eligible, you may not be allowed to take the credit for up to 10 years.
If you are claiming the California EITC, you must provide your date of birth (DOB), and spouse's/RDP's DOB if filing jointly, on your California tax return.
If you qualify for the California EITC, you may also qualify for the Young Child Tax Credit (YCTC) and/or the Foster Youth Tax Credit (FYTC). You may also qualify for the YCTC if you would otherwise have been allowed the California EITC but you have earned income of zero dollars or less. See instructions for additional information.

Follow Step 1 through Step 11 in the instructions to determine if you meet the requirements to complete this form, and to figure the amount of the credit(s).

Part I Qualifying Information (See Step 1 in the instructions before completing this part.)

1 a Has the Internal Revenue Service (IRS) previously disallowed your federal Earned Income Credit (EIC)? ☐ Yes ☒ No

b Has the Franchise Tax Board (FTB) previously disallowed your California EITC? . . . . . ☐ Yes ☒ No

2 Federal AGI (federal Form 1040 or 1040-SR, line 11) . . . . . **2** 21,343 .00

3 Federal EIC (federal Form 1040 or 1040-SR, line 27) . . . . . **3** .00

Part II Investment Income Information

4 Investment Income. See instructions for Step 2 - Investment Income . . . . . **4** .00

Part III Qualifying Child Information (See Step 3 in the instructions before completing this part.)

You must complete Part I and Part II before filling out Part III. **If you are not claiming a qualifying child, skip Part III and go to Step 4 in the instructions.**

Qualifying Child Information (Complete line 5 through line 12 for each child under Child 1, Child 2, or Child 3, as applicable.)

	Child 1	Child 2	Child 3
5 First name			
6 Last name			
7 SSN or ITIN. See instructions.			
8 Date of birth (mm/dd/yyyy). If born after 2005 **and** the child is younger than you (or your spouse/RDP, if filing jointly), skip line 9a and line 9b; go to line 10.			
9 a Was the child under age 24 at the end of 2024, a student, and younger than you (or your spouse/RDP, if filing jointly)? If yes, go to line 10. If no, go to line 9b. See instructions.	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
b Was the child permanently and totally disabled during any part of 2024? If yes, go to line 10. If no, stop here. The child is not a qualifying child.	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
10 Child's relationship to you. See instructions.			
11 Number of days child lived with you in California during 2024. Do not enter more than 365 days (or more than 366 days if it is a leap year). See instr.			

12 Child's physical address during 2024. See instructions.

Child 1
a Street address (number, street, apt. no./ste. no.)
b City **c** State **d** ZIP code

Child 2
a Street address (number, street, apt. no./ste. no.)
b City **c** State **d** ZIP code

Child 3
a Street address (number, street, apt. no./ste. no.)
b City **c** State **d** ZIP code

Part IV California Earned Income (See Step 5 in the instructions.)

13	Wages, salaries, tips, and other employee compensation, subject to California withholding. See instructions	**13**	46,825 .00
14	IHSS payments. See instructions	**14**	.00
15	Prison inmate wages and/or pension or annuity from a nonqualified deferred compensation plan or a nongovernmental IRC Section 457 plan. See instructions.	**15**	.00
16	Subtract line 14 and line 15 from line 13	**16**	46,825 .00
17	Nontaxable combat pay. See instructions	**17**	.00
18	Business income or (loss). Enter amount from Worksheet 3, line 5. See instructions	**18**	(29,209) .00

a Business name: CONSTRUCTION

b Business address (Street address (number, street, apt. no./ste. no.)): 2957 L ST

City: SAN DIEGO State: CA ZIP code: 92102

c Business license number:

d SEIN:

e Business code: 236100

19	**California earned income.** Add line 16, line 17, and line 18	**19**	17,616 .00

Part V California Earned Income Tax Credit (Complete Step 6 in the instructions.)

20	**California EITC.** Enter amount from California Earned Income Tax Credit Worksheet, Part III, line 6. This amount should also be entered on Form 540, line 75; or Form 540 2EZ, line 23a	**20**	98 .00

CAWKEIC3	Business Income or (Loss) Worksheet	2024

Name(s) JESUS VILLARREAL

California ID Number 564-13-3259

Worksheet 3 - Business Income or (Loss)

1. **Business income or (loss).** Enter the amount from federal Schedule 1 (Form 1040), line 3 . . . . . 1 (29,209)

2. **Farm income or (loss)** Enter the amount from federal Schedule 1 (Form 1040), line 6 2

3. **Self-employment earnings from partnerships reported on federal schedule(s) K-1.** Enter the net profit (or loss) from federal Schedule K-1 (Form 1065), box 14, code A 3

4. **Deductible part of self-employment tax.** Enter the amount from federal Schedule 1 (Form 1040), line 15 4

5. **Total business income or (loss).** Add line 1, line 2, line 3, and subtract line 4. Enter the amount here and on form FTB 3514, line 18 . . . . 5 (29,209)

CAWKEIC6	California Earned Income Tax Credit Worksheet	2024

Name(s) JESUS VILLARREAL

California ID Number 564-13-3259

Step 6 How to Figure the California EITC

Complete the California Earned Income Tax Credit Worksheet below only if you have earned income greater than zero on line 19.

If you file Form 540 or 540 2EZ, after completing Step 6, skip Step 7 and go to Step 8. If you file a Form 540NR, after completing Step 6, go to Step 7.

If your earned income on line 19 is zero or less, you are not eligible for EITC. However, you may be eligible for the YCTC. Skip Step 6 and Step 7 and go to Step 8 to see if you qualify for the YCTC.

California Earned Income Tax Credit Worksheet

Part I All Filers

1. Enter your California earned income from form FTB 3514, line 19. If the amount is zero or less, stop here **1** 17,616

2. Look up the amount on line 1 in the EITC Table to find the credit. Be sure you use the correct column for the number of qualifying children you have. Enter the credit here **2** 132

If the amount on line 2 is zero, stop here. You cannot take the credit.

3. Enter the amount from federal Form 1040 or 1040-SR, line 11 (federal AGI) . . . **3** 21,343

4. Are the amounts on line 1 and line 3 the same?

Yes Skip line 5; and enter the amount from line 2 on line 6.

No Go to line 5.

Part II Filers Who Answered "No" on Line 4

5. If you have:

- No qualifying children, is the amount on line 3 less than $4,525?
- 1 qualifying child, is the amount on line 3 less than $6,794?
- 2 or more qualifying children, is the amount on line 3 less than $9,537?

Yes Leave line 5 blank; enter the amount from line 2 on line 6.

No Look up the amount on line 3 in the EITC Table to find the credit. Be sure you use the correct column for the number of qualifying children you have. Enter the credit here **5** 98

Compare the amounts on line 5 and line 2, enter the **smaller** amount on line 6.

Part III Your Earned Income Tax Credit

6. This is your California earned income tax credit.

Enter this amount on form FTB 3514, line 20 . . . . . **6** 98

Part VI Part-Year Resident California Earned Income Tax Credit (See Step 7 in the instructions.)

21 CA exemption credit percentage from Form 540NR, line 38. See instructions . . . **21**

22 **Part-year resident EITC.** Multiply line 20 by line 21.
This amount should also be entered on Form 540NR, line 85 . . . . . **22** .00

Part VII Young Child Tax Credit (See Step 8 in the instructions before completing this part.)

23 **California earned income.** Enter the amount from form FTB 3514, line 19. If the amount entered here is greater than $0, do not complete line 23a or line 23b and continue on to line 24 . . . . . **23** .00

a **Total** wages, salaries, tips, and other employee compensation. See instructions **23a** .00

b If your **total** net loss exceeds $34,602 or your federal AGI exceeds $31,950, check the box. See instructions . . . . . ☐

24 **Available Young Child Tax Credit** . . . . . **24** 1,154 .00

- If the amount on line 23 is $26,626 or less, skip line 25 through line 27 and enter $1,154 on line 28. If applicable, complete line 29 and line 30.
- If the amount on line 23 is greater than $26,626, complete line 25 through line 28. If applicable, complete line 29 and line 30.

25 Excess earned income over threshold. Subtract $26,626 from line 23 . . . . . **25** .00

26 Divide line 25 by 100. Enter the result as a decimal out to two decimal places, **do not** round **26**

27 **Reduction amount.** Multiply line 26 by $21.67. Enter the result as a decimal out to two decimal places, **do not** round **27**

28 **Young Child Tax Credit.**

- If you did not need to complete line 25 through line 27, your credit is the $1,154 from line 24.
- If you completed lines 25 through 27, to compute your credit, subtract line 27 from line 24. If your credit amount is **between** $0 and $1, enter $1. If your credit amount is over $1, round to the nearest whole dollar.

This amount should also be entered on Form 540, line 76; or Form 540 2EZ, line 23b . . . . . **28** .00

Part VIII Part-Year Resident Young Child Tax Credit (See Step 9 in the instructions.)

29 CA exemption credit percentage from Form 540NR, line 38. See instructions . . . **29**

30 **Part-year resident YCTC.** Multiply line 28 by line 29.
This amount should also be entered on Form 540NR, line 86 . . . . . **30** .00

Part IX Foster Youth Tax Credit (See Step 10 in the instructions before completing this part.)

31 Who is claiming the FYTC? If both spouses/RDPs qualify, you must each check the box that applies to you. See instructions.

a Primary Taxpayer: My name is the first name listed on this return . . . . . ☐

b Spouse/RDP: My name is listed as the spouse/RDP on this joint return . . . . . ☐

32 Qualifying foster youth information. See instructions.

	Primary Taxpayer	Spouse/RDP
a First name		
b Last name		

33 To better assist us in verifying your eligibility, please check the applicable box(es) below. See instructions.

a Primary Taxpayer: By checking the box and signing the tax return to which this form is attached, I certify that I am the primary taxpayer listed on this return and voluntarily consent and authorize the California Department of Social Services and any of its affiliated programs (including, but not limited to, CalWORKS and CalFRESH) to confirm or deny, and disclose relevant information to the State of California Franchise Tax Board regarding, my eligibility for the FYTC . . . . . ☐

b Spouse/RDP: By checking the box and signing the tax return to which this form is attached, I certify that I am the spouse/RDP listed on this joint return and voluntarily consent and authorize the California Department of Social Services and any of its affiliated programs (including, but not limited to, CalWORKS and CalFRESH) to confirm or deny, and disclose relevant information to the State of California Franchise Tax Board regarding, my eligibility for the FYTC. . . . . ☐

Note: Each individual who claims the FYTC and does not check the applicable box above must attach to this return a letter issued by a county or state agency confirming that individual's status as a foster youth at or after age 13, or other proof of status, as a condition of receiving the FYTC.

34 **California earned income.** Enter the amount from form FTB 3514, line 19 . . . . . **34** .00

35 **Available Foster Youth Tax Credit** . . . . . **35** .00

- If the amount on line 34 is $26,626 or less, skip line 36 through line 38 and enter on line 35 and line 39 the following amount.
  - > If either the taxpayer **or** spouse/RDP is claiming the FYTC, enter $1,154 on line 35 and line 39.
  - > If both taxpayer **and** spouse/RDP are claiming the FYTC, enter $2,308 on line 35 and line 39.

  If applicable, complete line 40 and line 41.
- If the amount on line 34 is greater than $26,626, complete line 36 through line 38 and enter on line 35 the following amount.
  - > If either the taxpayer **or** spouse/RDP is claiming the FYTC, enter $1,154 on line 35.
  - > If both taxpayer **and** spouse/RDP are claiming the FYTC, enter $2,308 on line 35.

  If applicable, complete line 40 and line 41.

36 Excess earned income over threshold. Subtract $26,626 from line 34 . . . . . **36** .00

37 Divide line 36 by 100. Enter the result as a decimal out to two decimal places, **do not** round **37**

38 **Reduction amount.** **38**

- If either the taxpayer **or** spouse/RDP is claiming the FYTC, multiply line 37 by $21.67. Enter the result as a decimal out to two decimal places, **do not** round.
- If both taxpayer **and** spouse/RDP are claiming the FYTC, multiply line 37 by $43.34. Enter the result as a decimal out to two decimal places, **do not** round.

39 **Foster Youth Tax Credit.**

- If you did not need to complete line 36 through line 38, and either the taxpayer **or** spouse/RDP is claiming the FYTC, the credit is the $1,154 from line 35.
- If you did not need to complete line 36 through line 38, and both taxpayer **and** spouse/RDP are claiming the FYTC, the credit is the $2,308 from line 35.
- If you completed line 36 through line 38, to compute your credit, subtract line 38 from line 35. If your credit amount is **between** $0 and $1, enter $1. If your credit amount is over $1, round to the nearest whole dollar.

This amount should also be entered on Form 540, line 77; or Form 540 2EZ, line 23c . . . . . **39** .00

Part X Part-Year Resident Foster Youth Tax Credit (See Step 11 in the instructions.)

40 CA exemption credit percentage from Form 540NR, line 38. See instructions . . **40**

41 **Part-year resident FYTC.** Multiply line line 39 by line 40. This amount should also be entered on Form 540NR, line 87 . . . . . **41** .00

TAXABLE YEAR

CALIFORNIA SCHEDULE

2024

Wage and Tax Statement

W-2

Important: Attach this schedule to the back of your original or amended Form 540, Form 540 2EZ, or Form 540NR.

Caution: If this schedule is filled out, **do not** send your federal Form(s) W-2 to the Franchise Tax Board. If your federal Form(s) W-2 are from multiple states, **attach** copies showing California tax withheld to this schedule. If this schedule is blank, attach your federal Form(s) W-2 to the lower front of your tax return. **DO NOT ATTACH PAYMENT TO THIS SCHEDULE.**

*Employee's social security number, name, and address must be the same as the information on federal Form(s) W-2.

W-2 Information

a. Employee's social security number*: 564133259

c. Employer's name: JENSEN MEAT CO INC

b. Employer identification number (EIN): 952005155

Employer's address: 2550 BRITTANIA BLVD

City: SAN DIEGO | State: CA | ZIP code: 92102

e. Employee's first name*: JESUS | Initial*: | Last name*: VILLARREAL | Suffix*:

f. Employee's address*: 2957 L ST

City*: SAN DIEGO | State*: CA | ZIP code*: 92102

1. Wages, tips, other compensation	46825	**4.** Social security tax withheld	3152	**8.** Allocated tips (not included in box 1)	
2. Federal income tax withheld	4672	**6.** Medicare tax withheld	737	**10.** Dependent care benefits	
3. Social security wages	50837	**7.** Social security tips		**11.** Nonqualified plans	

12. Codes and amounts

	Code	Amount		Code	Amount
12a.	DD	2228	**12c.**		
12b.	D	4013	**12d.**		

13. Check the appropriate box for: Statutory employee, Retirement plan, or Third-party sick pay

☐ Statutory employee ☐ Retirement plan ☐ Third-party sick pay

14. SDI, VPDI, or CA SDI (from federal Form W-2, box 14 or 19)

Type: CASDI | Amount: 559

16. State wages, tips, etc.: 46825

15. State and employer's state ID number

State: CA | Employer's state ID number: 12987293

17. State income tax: 1205

Franchise Tax Board Privacy Notice on Collection

Our privacy notice can be found in annual tax booklets or online. Go to **ftb.ca.gov/privacy** to learn about our privacy policy statement, or go to **ftb.ca.gov/forms** and search for **1131** to locate FTB 1131 EN-SP, Franchise Tax Board Privacy Notice on Collection - Aviso de Privacidad del Franchise Tax Board sobre la Recaudación. To request this notice by mail, call 800.338.0505 and enter form code **948** when instructed.

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[redacted]

Section C - Adjustments to Income Continued		A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions	C Additions See instructions
24 Other adjustments:				
a Jury duty pay	24a			
b Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit	24b			
c Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m	24c			
d Reforestation amortization and expenses	24d			
e Repayment of supplemental unemployment benefits under the federal Trade Act of 1974	24e			
f Contributions to IRC Section 501(c)(18)(D) pension plans	24f			
g Contributions by certain chaplains to IRC Section 403(b) plans	24g			
h Attorney fees and court costs for actions involving certain unlawful discrimination claims	24h			
i Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations	24i			
j Housing deduction from federal Form 2555	24j			
k Excess deductions of IRC Section 67(e) expenses from federal Schedule K-1 (Form 1041)	24k			
z Other adjustments. List type and amount.	24z			
25 Total other adjustments. Add line 24a through line 24z	25			
26 Add line 11 through line 23 and line 25 in columns A, B, and C. See instructions	26			
27 **Total.** Subtract line 26 from line 10 in columns A, B, and C. See instructions	27	21343	3727	

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Part II Adjustments to Federal Itemized Deductions

Check the box if you did NOT itemize for federal but will itemize for California . . . . . ☐

		A Federal Amounts (from federal Schedule A (Form 1040))	B Subtractions See instructions	C Additions See instructions
Medical and Dental Expenses See instructions.				
1 Medical and dental expenses .	1			
Enter amount from federal Form 1040 or 1040-SR, line 11 21343	2			
3 Multiply line 2 by 7.5% (0.075) 1601	3			
4 Subtract line 3 from line 1. If line 3 is more than line 1, enter 0	4			
Taxes You Paid				
5 a State and local income tax or general sales taxes	5a	1764	1764	
b State and local real estate taxes	5b			
c State and local personal property taxes	5c			
d Add line 5a through line 5c	5d	1764		
e Enter the smaller of line 5d or $10,000 ($5,000 if married filing separately) in column A. Enter the amount from line 5a, column B in line 5e, column B. Enter the difference from line 5d and line 5e, column A in line 5e, column C	5e	1764	1764	
6 Other taxes. List type	6			
7 Add line 5e and line 6	7	1764	1764	
Interest You Paid				
8 a Home mortgage interest and points reported to you on federal Form 1098	8a			
b Home mortgage interest not reported to you on federal Form 1098	8b			
c Points not reported to you on federal Form 1098	8c			
d Reserved for future use	8d			
e Add line 8a through line 8c	8e			
9 Investment interest	9			
10 Add line 8e and line 9	10			

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Part II Adjustments to Federal Itemized Deductions Continued	A Federal Amounts (from federal Schedule A (Form 1040))	B Subtractions See instructions	C Additions See instructions
Gifts to Charity			
11 Gifts by cash or check 11			
12 Other than by cash or check 12			
13 Carryover from prior year 13			
14 Add line 11 through line 13 14			
Casualty and Theft Losses			
15 Casualty or theft loss(es) (other than net qualified disaster losses). Attach federal Form 4684. See instructions . . . 15			
Other Itemized Deductions			
16 Other-from list in federal instructions 16			
17 Add lines 4, 7, 10, 14, 15, and 16 in columns A, B, and C 17	1764	1764	

18 Total. Combine line 17 column A less column B plus column C 18

Job Expenses and Certain Miscellaneous Deductions

19 Unreimbursed employee expenses: job travel, union dues, job education, etc. Attach federal Form 2106 if required. See instructions 19

20 Tax preparation fees 20

21 Other expenses: investment, safe deposit box, etc. List type 21

22 Add line 19 through line 21 22

23 Enter amount from federal Form 1040 or 1040-SR, line 11 21343

24 Multiply line 23 by 2% (0.02). If less than zero, enter 0 . . . . . 24 427

25 Subtract line 24 from line 22. If line 24 is more than line 22, enter 0 25

26 **Total Itemized Deductions.** Add line 18 and line 25 26

27 Other adjustments. See instructions. Specify. 27

28 Combine line 26 and line 27 28

29 **Is your federal AGI (Form 540, line 13) more than the amount shown below for your filing status?**

Single or married/RDP filing separately **$244,857**
Head of household **$367,291**
Married/RDP filing jointly or qualifying surviving spouse/RDP **$489,719**

No. Transfer the amount on line 28 to line 29.

Yes. Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540), line 29 29

30 **Enter the larger of the amount on line 29 or your standard deduction shown below:**

Single or married/RDP filing separately. See instructions **$5,540**
Married/RDP filing jointly, head of household, or qualifying surviving spouse/RDP . . **$11,080**

Transfer the amount on line 30 to Form 540, line 18 . . . . . 30 5540

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043

Date Accepted _____

DO NOT MAIL THIS FORM TO THE FTB

TAXABLE YEAR **2024**

California Online e-file Return Authorization for Individuals

FORM **8453-OL**

Your first name and initial	Last name	Suffix	Your SSN or ITIN
JESUS VILLARREAL			564-13-3259
If filing jointly, spouse's/RDP's first name and initial	Last name	Suffix	Spouse's/RDP's SSN or ITIN

Street address (number and street) or PO box	Apt. no./ste. no.	PMB/private mailbox	Daytime telephone number
2957 L ST			619-709-0567

City	State	ZIP code
SAN DIEGO	CA	92102

Foreign country name	Foreign province/state/county	Foreign postal code

Part I Tax Return Information (whole dollars only)

1	California adjusted gross income. See instructions	17616
2	Refund or no amount due. See instructions	1303
3	Amount you owe. See instructions	

Part II Settle Your Account Electronically for Taxable Year 2024 (Pay by 4/15/2025)

4 [X] Direct deposit of refund

5 [ ] Electronic funds withdrawal **5a** Amount _____ **5b** Withdrawal date (mm/dd/yyyy) _____

Part III Make Estimated Tax Payments for Taxable Year 2025 These are NOT installment payments for the current amount you owe.

	First Payment 4/15/2025	Second Payment 6/16/2025	Third Payment 9/15/2025	Fourth Payment 1/15/2026
6 Amount				
7 Withdrawal date				

Part IV Banking Information (Have you verified your banking information?)

8	Amount of refund to be directly deposited to account below	1303	
9	Routing number	291471024	
10	Account number	22541005641332597	
11	Type of account: [X] Checking [ ] Savings		
12	The remaining amount of my refund for direct deposit		
13	Routing number		
14	Account number		
15	Type of account: [ ] Checking [ ] Savings		

Part V Declaration of Taxpayer(s)

I authorize my account to be settled as designated in Part II. If I check Part II, box 4, I declare that the direct deposit refund information in Part IV agrees with the authorization stated on my return. If I check Part II, box 5, I authorize an electronic funds withdrawal for the amount listed on line 5a and any estimated payment amounts listed on line 6 from the bank account listed on lines 9, 10, and 11. If I have filed a joint return, this is an irrevocable appointment of the other spouse/registered domestic partner (RDP) as an agent to receive the refund or authorize an electronic funds withdrawal.

Under penalties of perjury, I declare that the information I provided to the Franchise Tax Board (FTB), either directly or through e-file software, including my name, address, and social security number (SSN) or individual taxpayer identification number (ITIN), and the amounts shown in Part I above, agrees with the information and amounts shown on the corresponding lines of my 2024 California income tax return. To the best of my knowledge and belief, my return is true, correct, and complete. If I am filing a balance due return, I understand that if the FTB does not receive full and timely payment of my tax liability, I remain liable for the tax liability and all applicable interest and penalties. I authorize my return and accompanying schedules and statements to be transmitted to the FTB directly or through the e-file software. **If the processing of my return or refund is delayed, I authorize the FTB to disclose to me, either directly or through the e-file software, the reason(s) for the delay or the date when the refund was sent.**

Sign Here

_____ _____

Your signature Date

_____ _____

Spouse's/RDP's signature. If filing jointly, both must sign. Date

It is unlawful to forge a spouse's/RDP's signature.

For Privacy Notice, get FTB 1131 EN-SP.

CAWK_USE	California Use Tax Worksheet	2024

Name(s) as shown on return
JESUS VILLARREAL

California ID Number
564-13-3259

Round all amounts to the nearest whole dollar.

1. Enter purchases from out-of-state sellers made without payment of California sales/use tax. See worksheet instructions . . . . . $ _____ .00

2. Enter the applicable sales and use tax rate. See worksheet instructions . . . . . _____

3. Multiply line 1 by the tax rate on line 2. Enter result here . . . . . $ _____ .00

4. Enter any sales or use tax paid to another state for purchases included on line 1. See worksheet instructions . . . . . $ _____ .00

5. Total Use Tax Due. Subtract line 4 from line 3. This is the total use tax due. If amount is less than zero, enter -0- . . . . . $ _____ .00

Do not file with California. Keep for your records.

CAWK_SSB	Social Security Benefits Worksheet Figuring Your Taxable Benefits (Keep for your records)	2024

Name(s) as shown on return: JESUS VILLARREAL

Your Social Security Number: 564-13-3259

1.	Enter the total amount from **box 5** of **ALL** your **Forms SSA-1099** and **RRB-1099**. Also enter this amount on Form 1040 or 1040-SR, line 6a	1. 29,675	
2.	Multiply line 1 by 50% (0.50)	2.	14,838
3.	Combine the amounts from Form 1040 or 1040-SR, lines 1z, 2b, 3b, 4b, 5b, 7, and 8	3.	17,616
4.	Enter the amount, if any, from Form 1040 or 1040-SR, line 2a	4.	
5.	Enter the total of any exclusions/adjustments for: • Adoption benefits (Form 8839, line 28), • Foreign earned income or housing (Form 2555, lines 45 and 50), and • Certain income of bona fide residents of American Samoa (Form 4563, line 15) or Puerto Rico	5.	
6.	Combine lines 2, 3, 4, and 5 above	6.	32,454
7.	Enter the amounts from Form 1040 or 1040-SR, Schedule 1, lines 11 through 20, and 23 and 25	7.	
8.	Is the amount on line 7 less than the amount on line 6? **No.** **STOP** None of your social security benefits are taxable. Enter -0- on Form 1040 or 1040-SR, line 6b. X **Yes.** Subtract line 7 from line 6	8.	32,454
9.	If you are: • Married filing jointly, enter $32,000; or • Single, head of household, qualifying surviving spouse, or married filing separately and you **lived apart** from your spouse for all of 2024, enter $25,000 **Note.** If you are married filing separately and you lived with your spouse at any time in 2024, skip lines 9 through 16; multiply line 8 by 85% (0.85) and enter the result on line 17. Then, go to line 18.	9.	25,000
10.	Is the amount on line 9 less than the amount on line 8? **No.** **STOP** None of your benefits are taxable. Enter -0- on Form 1040 or 1040-SR, line 6b. If you are married filing separately and you **lived apart** from your spouse for all of 2024, be sure you entered "D" to the right of the word "benefits" on line 6a. X **Yes.** Subtract line 9 from line 8	10.	7,454
11.	Enter $12,000 if married filing jointly; or $9,000 if single, head of household, qualifying surviving spouse, or married filing separately and you **lived apart** from your spouse for all of 2024	11.	9,000
12.	Subtract line 11 from line 10. If zero or less, enter -0-	12.	
13.	Enter the **smaller** of line 10 or line 11	13.	7,454
14.	Multiply line 13 by 50% (0.50)	14.	3,727
15.	Enter the **smaller** of line 2 or line 14	15.	3,727
16.	Multiply line 12 by 85% (0.85). If line 12 is zero, enter -0-	16.	
17.	Add lines 15 and 16	17.	3,727
18.	Multiply line 1 by 85% (0.85)	18.	25,224
19.	**Taxable benefits.** Enter the **smaller** of line 17 or line 18. Also enter this amount on Form 1040 or 1040-SR, line 6b	19.	3,727
	Note: **a.** If both spouses received SS benefits, the taxable amount is allocated between the spouses in the ratio of the benefits received by one spouse to the total benefits received.	**Taxpayer's portion** **Spouse's portion**	3,727
	b. If only one spouse received benefits, that spouse should report the portion of the benefits that is taxable.		

Notes about SS benefits: